

POOR LEGIBILITY

ONE OR MORE PAGES IN THIS DOCUMENT ARE DIFFICULT TO READ
DUE TO THE QUALITY OF THE ORIGINAL

PRELIMINARY ASSESSMENT

Region 9

Preparer's Name PATTY COOKDate 1-14-83

| | SOURCE | INFORMATION |
|---------------------------------------|--|--|
| 1. Site ID Number | ERRISDATA | AZ D043848993 |
| 2. Site Name | " | FOREMOST MCKESSON-MCKESSON |
| 3. Site Location | " | CHEMICAL CO. 4909 W. PASADENA AVE. GLENDALE AZ |
| 4. County | " | MARICOPA |
| 5. Owner (Address & telephone no.) | RCRA Notification Dated 11-19-80 | FOREMOST MCKESSON INC. SAME AS ABOVE |
| 6. Operator (Address & telephone no.) | " | TILL J. NEVILLE 4909 WEST. PASADENA AVE. GLENDALE, AZ. (602) 934-3281 |
| 7. Type of Ownership | " | PRIVATE |
| 8. Status | " | ACTIVE |
| 9. Source Activity | RCRA Notification Dated 11/19/80 | DISTRIBUTOR OF ORGANIC, INORGANIC CHEMICALS, USED TO STORE DRUMMED WASTES ON SITE TO ACCUMULATE FULL TRUCKLOADS. OPERATES AN ELEMENTARY NEUTRALIZATION UNIT TO TREAT WASTES PRI TO DISCHARGE TO SEWER (~300 gpc) |
| 10. Years of Operation | " | 17 YEARS |
| 11. Facility Type | " | GENERATOR, TREATMENT, Drums and pits |
| 12. Waste Type and Description | " | "D002" - corrosive solid waste treated in neutralization pits and discharged to sewer tetrachloroethylene, carbon tetrachloride, methylene chloride, chlorobenzene, trichlorofluoromethane, cresols, cresylic acid, toluene, methyl ethyl ketone, carbon disulfide, pyridine cyanide salts in drums to recycler (do not store these on site now). |

13. Contacts TILL J. NEVILLE, BRANCH MANAGER, MCKESSON CHEMICAL CO. (602) 934-3281
ALAN L. ROESLER, BUREAU OF WASTE CONTROL (602) 255-1166
AZ. DOHS (602) 255-1166
TALBERT EISENBERG (602) 255-1160, ADHS

14. Incidents NONE
POTENTIAL FOR:
Fire/explosion: low
Direct contact: low

15. Inspections (date, type, by whom, recommendations)
• JOHN GOMEZ, AZDOHS, 2-17-82, FACILITY MEETS OR EXCEEDS STANDARDS WITH FEW MINOR EXCEPTIONS, NO EVIDENCE OF SPILLS, FACILITY OBSERVES ALL SAFETY, MAINTENANCE, SECURITY, EMERGENCY, etc. REQUIREMENTS (SEE ENCLOSED INSPECTION REPORT).
• DISCHARGE TO SANITARY SEWER IS APPROVED BY CITY OF GLENDALE (SEE RCRA APPLICATION).

16. Enforcement History (list date, type of action, requirements, outcome)

OTHER: ALAN ROESLER, AZDOHS, CURRENTLY INVOLVED IN NEGOTIATING MCKESSON CHEM. CO.'S REQUEST FOR EXEMPTION/WITHDRAWAL OF RCRA PART A/PART B PERMIT APPLICATION. ON-GOING MONITORING PROGRAM BY FOREMOST MCKESSON TO DETERMINE PH OF TREATMENT PIT - IT IS EXPECTED TO BE WITHIN THE RANGE OF 2 - 12.5 AND WILL THEREFORE BE CONSIDERED NON-HAZARDOUS UNDER RCRA.

- 17.a. Initial recommendation for further action: LETTER DATED 10/21/82 TO MCKESSON FROM EPA, GRANTING EXEMPTION FROM RCRA. INTERIM STATUS STANDARDS.

BASED ON INFO. CONTAINED IN THIS FILE, NO FURTHER ACTION IS REQUIRED

- 17.b. EPA recommendation for further action:
No further action.

18. Response Termination: ☒ No Further Action ☐ Pending ☐ Active

Justification: There is no evidence of on-site disposal of haz. waste. Paula Bisson 6-28-83

| | SOURCE | INFORMATION |
|--|--------|-------------|
| 19. Observed Release | | |
| 20. Depth to Aquifer | | |
| 21. Net Precipitation Net seas. rainfall Evaporation | | |
| 22. Permeability of Unsaturated Zone | | |
| 23. Physical State | | |
| 24. Containment (Ground Water) | | |
| 25. Toxicity | | |
| 26. Persistence | | |
| 27. Waste Quantity | | |
| 28. Ground Water Use | | |
| 29. Distance to Well | | |
| 30. Population Served (by Ground Water) | | |

| | SOURCE | INFORMATION |
|---|--------|-------------|
| 31. Facility Slope | | |
| 32. 1 yr. 24 hr. rainfall | | |
| 33. Distance to Surface Water | | |
| 34. Containment (Surface Water) | | |
| 35. Surface Water Use | | |
| 36. Distance to Sensi- tive Environment | | |
| 37. Population Served (by Surface Water) | | |
| 38. Distance to Water Intake | | |
| 39. Reactivity | | |
| 40. Incompatibility | | |
| 41. Toxicity (Air) | | |
| 42. Population within 4 mile radius | | |
| 43. Land Use | | |

Foremost - McKesson

5. Is this same as #3 above? YES
Corporate Headquarters? Address + phone \leftarrow
needed.

17. ~~Is~~ Does this go for EPA? YES

16. Did you contact Roesler? Give date.
No, relied on recent ^{internal} correspondence
dated 11-30-82 from Talbert Eisenberg.
PA well done! ADHS
amen.

"By FLT" should be
eliminated

N O T E

Unless otherwise noted in PA or on separate contact report enclosed, no additional information is available through contact with state or local personnel concerning this site. This situation was verified through the following telephone conversations:

| <u>State Contact</u> | <u>E & E Contact</u> | <u>Date</u> |
|--|--------------------------|---------------|
| Jim Lenmon (ADHS-Hydrologist) | G. Muehleck | 22 March 1983 |
| Bill Williams (Director - Hazardous Waste Section) | K. Greig | 23 March 1983 |

EPA Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810608

AZS 000001037

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Foremost-McKesson, Inc., Chemical Group/Western Region

Street 9040 E. Telegraph Rd., Ste. 301

City Downey

State CA

Zip Code 90240

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site McKesson Chemical Co.

Street 4909 W. Pasadena Ave

City Glendale

County MARICOPA

State AZ

Zip Code 85301

GA A2D043848993

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Crumm, Bill R.

Phone (213) 869-2481 x30

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site

From (Year) N/A

To (Year)

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

Source of Waste:

Place an X in the appropriate boxes

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261)

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

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20 JUL 1981

Notification of Hazardous Waste Site

Side Two

| | | |
|--|--|--|
| <p>F Waste Quantity <u>N/A</u></p> <p>Place an X in the appropriate boxes to indicate the facility types found at the site.</p> <p>In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.</p> <p>In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres</p> | <p>Facility Type</p> <p>1. <input type="checkbox"/> Piles</p> <p>2. <input type="checkbox"/> Land Treatment</p> <p>3. <input type="checkbox"/> Landfill</p> <p>4. <input type="checkbox"/> Tanks</p> <p>5. <input type="checkbox"/> Impoundment</p> <p>6. <input type="checkbox"/> Underground Injection</p> <p>7. <input type="checkbox"/> Drums, Above Ground</p> <p>8. <input type="checkbox"/> Drums, Below Ground</p> <p>9. <input type="checkbox"/> Other (Specify) _____</p> | <p>Total Facility Waste Amount</p> <p>cubic feet _____</p> <p>gallons _____</p> <p>Total Facility Area</p> <p>square feet _____</p> <p>acres _____</p> |
|--|--|--|

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☐ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

N/A

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

N/A

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

| | | |
|--|-----------------------|--|
| Name <u>Foremost-McKesson Inc., Chemical Group</u> | | <input type="checkbox"/> Owner, Present |
| Western Region | | <input type="checkbox"/> Owner, Past |
| Street <u>9040 E. Telegraph Rd., Ste. 301</u> | | <input type="checkbox"/> Transporter |
| City <u>Downey</u> | State <u>CA</u> | <input type="checkbox"/> Operator, Present |
| | Zip Code <u>90240</u> | <input type="checkbox"/> Operator, Past |
| Signature <u>[Signature]</u> | Date <u>6/8/81</u> | <input checked="" type="checkbox"/> Other |

This report covers the following I.D. Numbers:

| | | | |
|--------------|--------------|-------------------------|--------------|
| CAD020745246 | CAD000633313 | AZD043848993 | COD146295036 |
| CAD061601019 | CAD073934903 | NMD080370785 | COD075767681 |
| CAD060395753 | CAD046464368 | AZD045809019 | ORD049799232 |
| | | | WAD000711903 |

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

PAID NUMBER

FAZDZ4384399

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-8 which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

PLEASE PLACE LABEL IN THIS SPACE

19 NOV 1980

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

| SPECIFIC QUESTIONS | MARK "X" | | | SPECIFIC QUESTIONS | MARK "X" | | |
|--|----------|----|---------------|--|----------|----|---------------|
| | YES | NO | FORM ATTACHED | | YES | NO | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or equine animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | | X | |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | X | | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | | X | |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | X | | X | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | | X | |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | X | | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | | X | |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | |

III. NAME OF FACILITY

1 SKIP MCKESSON CHEMICAL COMPANY

IV. FACILITY CONTACT

| A. NAME & TITLE (last, first, & title) | | B. PHONE (area code & no.) | |
|--|------------------------|----------------------------|----------|
| 2 | NEVILLE J TILL MANAGER | 602 | 934 3281 |

V. FACILITY MAILING ADDRESS

| A. STREET OR P.O. BOX | | B. CITY OR TOWN | | C. STATE | D. ZIP CODE |
|-----------------------|--------------|-----------------|----|----------|-------------|
| 3 | PO BOX 14799 | PHOENIX | AZ | 85063 | |

VI. FACILITY LOCATION

| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | | B. COUNTY NAME | | C. CITY OR TOWN | D. STATE | E. ZIP CODE | F. COUNTY CODE (if known) |
|---|---------------------------|----------------|---------|-----------------|----------|-------------|---------------------------|
| 5 | 4909 WEST PASADENA AVENUE | MARICOPA | GLENDAL | AZ | 85301 | 013 | |

CONTINUED FROM THE FRONT

FIGURE CODES (4-digit, in order of priority)

| | | | | | | | |
|----------------------------|--|--|--|--------------------------|--|--|--|
| A. FIRST 0161 (specify) | | | | B. SECOND 7 (specify) | | | |
| C. THIRD (specify) | | | | D. FOURTH 7 (specify) | | | |

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| OPERATOR INFORMATION | | | | | | | | | | | |
| A. NAME FOREMOST MCKESSON INC | | | | | | | | | | | |
| B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other", specify.) | | | | | | | | | | | | D. PHONE (area code & no.) | | | |
| = FEDERAL M = PUBLIC (other than federal or state) = STATE O = OTHER (specify) P (specify) | | | | | | | | | | | | 415 983 7565 | | | |

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| E. STREET OR P.O. BOX NE POST STREET | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|----------------|--|----------------------|--|--|--|
| F. CITY OR TOWN SAN FRANCISCO | | | | | | G. STATE CA | | H. ZIP CODE 94104 | | IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
|----------------------------------|--|--|--|--|--|----------------|--|----------------------|--|--|--|

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| EXISTING ENVIRONMENTAL PERMITS | | | | | | | | | | | |
| A. NPDES (Discharges to Surface Water) | | | | | | D. PSD (Air Emissions from Proposed Sources) | | | | | |
| B. UIC (Underground Injection of Fluids) | | | | | | E. OTHER (specify) | | | | | |
| C. RCRA (Hazardous Wastes) | | | | | | E. OTHER (specify) | | | | | |

Attach to **F9: A** a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| NATURE OF BUSINESS (provide a brief description) F9: A | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

McKesson Chemical Company is a nationwide distributor of Organic and Inorganic chemicals. It also provides various services to its customers, which may include occasionally picking up and transporting drummed materials (which would classify as wastes) to central recycling facilities. This may, at times, require temporary storage at our facility of some such drummed materials in order to accumulate full truckloads.

| | | | | | | | | | | | |
|---|--|--|--|--|--|-----------------------------|--|--|--|----------------------------|--|
| I. CERTIFICATION (see instructions) | | | | | | | | | | | |
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | | | | | | | | | |
| NAME & OFFICIAL TITLE (type or print) A.M. McMAHON REGIONAL VICE PRESIDENT | | | | | | D. SIGNATURE (Signature) | | | | C. DATE SIGNED 11/18/80 | |
| COMMENTS FOR OFFICIAL USE ONLY | | | | | | | | | | | |

actens hoch)

| | | | |
|---|--|---|--|
| FORM 3 | EPA | U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.) | I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> AZD043848993 </div> |
| RCRA | | | |
| FOR OFFICIAL USE ONLY | | | |
| APPLICATION APPROVED | DATE RECEIVED (m, mo, & day) | COMMENTS | |
| <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> | | |

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

| | | | | |
|----|-------|-------|-------|--|
| C | YR. | MO. | DAY | FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) |
| 8 | 66 | 2 | 1 | |
| 15 | 73 74 | 75 76 | 77 78 | |
| | | | | |

☐ 2. NEW FACILITY (Complete item below.)

| YR. | | MO | | DAY | |
|-----|----|----|----|-----|----|
| 73 | 34 | 75 | 36 | 77 | 78 |

☐ 1. FACILITY HAS INTERIM STATUS

11

A. **PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (*including its design capacity*) in the space provided on the form (*Item III-C*).

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. **AMOUNT** — Enter the amount.
2. **UNIT OF MEASURE** — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PROCESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|--|---|-------------------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | | T03 | TONS PER HOUR OR METRIC TONS PER HOUR: GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | INCINERATOR | | |
| Disposal: | | | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided: Item III-C.) | T04 | GALLONS PER DAY OR LITERS PER DAY |
| INJECTION WELL | D79 | GALLONS OR LITERS | | | |
| LANDFILL | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |
| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE CODE |
| GALLONS | G | LITERS PER DAY | V | ACRE-FEET | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| C | | | | | | T/A C | | | | | | 1 | | | | | | | | |
|--------------------------------------|----|----|------------------------------------|----|----|--------------------------------|----|----|-------------|----|----|--------------------------------------|----|----|------------------------------------|----|----|-----------------------|----|----|
| DUP | | | | | | | | | | | | | | | | | | | | |
| A. PROCESS CODE (from list above) | | | B. PROCESS DESIGN CAPACITY | | | FOR OFFICIAL USE ONLY | | | LINE NUMBER | | | A. PROCESS CODE (from list above) | | | B. PROCESS DESIGN CAPACITY | | | FOR OFFICIAL USE ONLY | | |
| 1. AMOUNT (specify) | | | 2. UNIT OF MEASURE (enter code) | | | | | | LINE NUMBER | | | 1. AMOUNT | | | 2. UNIT OF MEASURE (enter code) | | | | | |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| X-1 | S | O | 2 | | | 600 | | G | | | | 5 | | | | | | | | |
| X-2 | T | O | 3 | | | 20 | | E | | | | 6 | | | | | | | | |
| 1 | S | O | 1 | | | 344 5500 IN 55 GAL. DRUMS | | G | | | | 7 | | | | | | | | |
| 2 | T | O | 1 | | | ELEMENTARY NEUTR. 3000 UNIT | | U | | | | 8 | | | | | | | | |
| 3 | | | | | | | | | | | | 9 | | | | | | | | |
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| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | |
| WA20043648993 | | | | | | | | | | | | <div style="display: flex; justify-content: space-between;"> <div>W</div> <div>DUP</div> <div>DUP</div> </div> | | | | | | | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

| WASTE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | | | | | | | |
|-----------|---------------------------------------|---------------------------------------|---------------------------------|--------------------------|--|--|--|--|--|--|--|
| | | | | 1. PROCESS CODES (enter) | | | | 2. PROCESS DESCRIPTION (If code is not entered in D(1)) | | | |
| 1 | F007 | 50 | T | S01 | | | | TO RECYCLERS | | | |
| 2 | | 54 | T | T01 | | | | NEUTRALIZED MINERAL ACIDS TO SANITARY SEWER | | | |
| 3 | | 270 | T | T01 | | | | SODIUM HYDROXIDE/CHLORINE SOLUTION THAT MAKES A WEAK SODIUM HYPOCHLORITE | | | |
| 4 | | | | | | | | SOLUTION THAT EGGS TO SANITARY SEWER WITH SANITARY DISTRICT APPROVAL | | | |
| 5 | F001 | 12 | T | S01 | | | | TO RECYCLERS | | | |
| 6 | F003 | 7 | T | S01 | | | | TO RECYCLERS | | | |
| 7 | | | | | | | | | | | |
| 8 | F001 | 180 | T | S01 | | | | TO RECYCLERS | | | |
| 9 | F002 | 180 | T | S01 | | | | ✓ | | | |
| 10 | F003 | 180 | T | S01 | | | | ✓ | | | |
| 11 | F005 | 180 | T | S01 | | | | ✓ | | | |
| 12 | F007 | 180 | T | S01 | | | | ✓ | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | D002 | 324 | T | T01 | | | | ELEMENTARY NEUT. | | | |
| 16 | | | | | | | | UNIT. | | | |
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Continued from the front

DESCRIPTION OF HAZARDOUS WASTE (continued)
USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

| | | | | | | | | | | | | |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|----|------|
| EPA I.D. NO. (enter from page 1) | | | | | | | | | | | | |
| 0 | 2 | 0 | 0 | 4 | 3 | E | 4 | 8 | 9 | 9 | 3 | TIME |
| | | | | | | | | | | | 16 | |

FACILITY DRAWING

Existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

PHOTOGRAPHS

Existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures, existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

I. FACILITY GEOGRAPHIC LOCATION

| LATITUDE (degrees, minutes, & seconds) | | | | | | LONGITUDE (degrees, minutes, & seconds) | | | | | |
|--|---|---|--|---|---|---|---|---|--|--|--|
| | | | | | | | | | | | |
| | 3 | 3 | | 3 | 0 | | 4 | 0 | | | |
| | | | | | | | | | | | |

II. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

| | | | | | | | | | | | |
|-----------------------------------|--|--|--|--|--|--------------------------------|--|--|--|--|--|
| 1. NAME OF FACILITY'S LEGAL OWNER | | | | | | 2. PHONE NO. (area code & no.) | | | | | |
| | | | | | | | | | | | |
| 3. STREET OR P.O. BOX | | | | | | 4. CITY OR TOWN | | | | | |
| | | | | | | | | | | | |
| 5. ST. | | | | | | 6. ZIP CODE | | | | | |
| | | | | | | | | | | | |

OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | | | | |
|----------------------|--|----------------------|--|----------------|--|
| NAME (print or type) | | B. SIGNATURE | | C. DATE SIGNED | |
| J. M. McMAHON | | <i>J. M. McMahon</i> | | 11/8/80 | |

OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | | | | |
|----------------------|--|----------------------|--|----------------|--|
| NAME (print or type) | | B. SIGNATURE | | C. DATE SIGNED | |
| J. M. McMAHON | | <i>J. M. McMahon</i> | | 11/8/80 | |

| | | | |
|---|---------------------------------|--------------------------------|--|
| HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permit Program (This information is required under Section 3005 of RCRA.) | | PAID NUMBER HAZD 043 848773 | |
| FOR OFFICIAL USE ONLY | | COMMENTS | |
| APPLICATION APPROVED | DATE RECEIVED (yr., mo., & day) | | |
| | | | |

I. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

| | | | | | |
|---|-----|--|-------------------------------|-----|-----|
| A. FIRST APPLICATION (place an "X" below and provide the appropriate date) | | 2. NEW FACILITY (Complete item below.) | | | |
| 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) | | FOR NEW FACILITIES. PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN | | | |
| YR. | MO. | DAY | YR. | MO. | DAY |
| 83 | 6 | 2 | | | |
| 23 | 75 | 76 | 73 | 74 | 75 |
| B. REVISED APPLICATION (place an "X" below and complete Item I above) | | | 2. FACILITY HAS A RCRA PERMIT | | |
| 1. FACILITY HAS INTERIM STATUS | | | | | |

II. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|--|---|-------------------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | SURFACE IMPOUNDMENT | T03 | TONS PER HOUR OR METRIC TONS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | INCINERATOR | T04 | GALLONS PER HOUR OR LITERS PER HOUR |
| Disposal: | | | | | |
| INJECTION WELL | D79 | GALLONS OR LITERS | | | |
| LANDFILL | D80 | ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |
| UNIT OF MEASURE CODE | | | UNIT OF MEASURE CODE | | |
| GALLONS | G | LITERS PER DAY | V | ACRE-Feet | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

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ing from the front.

PROCESSES (continued)

PLACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| ENGLISH UNIT OF MEASURE | CODE |
|-------------------------|------|
| POUNDS..... | P |
| TONS..... | T |

| METRIC UNIT OF MEASURE | CODE |
|------------------------|------|
| KILOGRAMS..... | K |
| METRIC TONS..... | M |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

SAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| A. EPA HAZARDOUS WASTE NO (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | | | |
|--|---------------------------------------|---------------------------------|--------------------------|-------|---|---------------------|
| | | | 1. PROCESS CODES (enter) | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | |
| K 0 5 4 | 900 | P | T 0 3 | D 8 0 | | |
| D 0 0 2 | 400 | P | T 0 3 | D 8 0 | | |
| D 0 0 1 | 100 | P | T 0 3 | D 8 0 | | |
| D 0 0 2 | | | | | | included with above |

EPA ID NUMBER (enter from page 1)

A20043646793

FOR OFFICIAL USE ONLY

DUP

DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

| WASTE NO. | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | D. PROCESSES | | | | | | | | | | | | | | | |
|-----------|---------------------------------------|---------------------------------------|---------------------------------|--------------------------|----|----|----|---|----|----|----|----|----|----|----|----|----|----|---|
| | | | | 1. PROCESS CODES (enter) | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | | | | | | | | | |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 |
| 1 | F007 | 50 | T | S01 | | | | | | | | | | | | | | | TO RECYCLE |
| 2 | | 54 | T | T01 | | | | | | | | | | | | | | | NEUTRALIZED MINERAL ACIDS TO SANITARY SEWER |
| 3 | | 270 | T | T01 | | | | | | | | | | | | | | | SODIUM HYDROXIDE/CHLORINE SOLUTION THAT MAKES A WEAK SODIUM HYPOCHLORITE SOLUTION THAT EGGS TO SANITARY SEWER WITH SANITARY DISTRICT APPROVAL |
| 4 | | | | | | | | | | | | | | | | | | | |
| 5 | F001 | 12 | T | S01 | | | | | | | | | | | | | | | TO RECYCLE |
| 6 | F003 | 7 | T | S01 | | | | | | | | | | | | | | | TO RECYCLE |
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| EPA I.D. NO. (enter from page 1) | | | | | | | | | | | |
| 7 | 0 | 4 | 3 | 8 | 4 | 8 | 9 | 4 | 3 | 1 | 6 |

FACILITY DRAWING

Existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

PHOTOGRAPHS

Existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FACILITY GEOGRAPHIC LOCATION

| LATITUDE (degrees, minutes, & seconds) | | | | | | LONGITUDE (degrees, minutes, & seconds) | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 3 | 3 | 0 | 4 | 0 | 1 | 1 | 2 | 0 | 9 | 5 |

FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

| | | | | | | | |
|-----------------------------------|--|-----------------|--|--------------------------------|--|-------------|--|
| 1. NAME OF FACILITY'S LEGAL OWNER | | | | 2. PHONE NO. (area code & no.) | | | |
| | | | | | | | |
| 3. STREET OR P.O. BOX | | 4. CITY OR TOWN | | 5. ST. | | 6. ZIP CODE | |
| | | | | | | | |

OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|-------------------------|-------------------|----------------|
| A. NAME (print or type) | B. SIGNATURE | C. DATE SIGNED |
| M. McMAHON | <i>M. McMahon</i> | 11/8/80 |

OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|-------------------------|-------------------|----------------|
| A. NAME (print or type) | B. SIGNATURE | C. DATE SIGNED |
| M. McMAHON | <i>M. McMahon</i> | 11/8/80 |

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

AZD043848993

I. NAME OF INSTALLATION

MCKESSON CHEMICAL CO

II. INSTALLATION MAILING ADDRESS

~~1309 W PASADENA AVE
GLENDALE, AZ 85301~~

III. LOCATION OF INSTALLATION

4909 W PASADENA AVE
GLENDALE, AZ 85301

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

F A Z D 0 4 3 8 4 8 9 9 3

T/A C

8 0 0 7 0 3

03 JUL 1980

99003

I. NAME OF INSTALLATION

~~MCKESSON CHEMICAL CO~~

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P O Box 14799

CITY OR TOWN

PHOENIX

ST.

ZIP CODE

AZ 85031

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

~~5409 WEST PASADENA AVE~~

CITY OR TOWN

~~GLENDALE~~

ST.

ZIP CODE

~~AZ 85301~~

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

GOWDY HAROLD ADMIN OPERATIONS

602-934-3281

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

FOREMOST MCKESSON INCORPORATED

B. TYPE OF OWNERSHIP

(enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☐ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| W | A | 2 | D | 0 | 4 | 3 | 8 | 4 | 8 | 9 | 9 | 3 | 3 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|-------------------------|-------------------------|------------------|-------------------|-------------------|-------------------|
| 1 F 0 0 9 23 - 26 | 2 F 0 0 1 23 - 26 | 3 23 - 26 | 4 23 - 26 | 5 23 - 26 | 6 23 - 26 |
| 7 23 - 26 | 8 23 - 26 | 9 23 - 26 | 10 23 - 26 | 11 23 - 26 | 12 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 13 23 - 26 | 14 23 - 26 | 15 23 - 26 | 16 23 - 26 | 17 23 - 26 | 18 23 - 26 |
| 19 23 - 26 | 20 23 - 26 | 21 23 - 26 | 22 23 - 26 | 23 23 - 26 | 24 23 - 26 |
| 25 23 - 26 | 26 23 - 26 | 27 23 - 26 | 28 23 - 26 | 29 23 - 26 | 30 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 31 P 0 2 9 23 - 26 | 32 P 0 3 0 23 - 26 | 33 U 0 0 2 23 - 26 | 34 U 0 1 9 23 - 26 | 35 U 0 3 1 23 - 26 | 36 U 0 4 3 23 - 26 |
| 37 U 1 1 2 23 - 26 | 38 U 1 1 7 23 - 26 | 39 U 1 2 2 23 - 26 | 40 U 1 3 3 23 - 26 | 41 U 1 3 4 23 - 26 | 42 U 1 4 0 23 - 26 |
| 43 U 1 5 4 23 - 26 | 44 U 1 5 9 23 - 26 | 45 U 2 2 0 23 - 26 | 46 U 2 2 6 23 - 26 | 47 U 2 3 9 23 - 26 | 48 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 49 23 - 26 | 50 23 - 26 | 51 23 - 26 | 52 23 - 26 | 53 23 - 26 | 54 23 - 26 |
|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

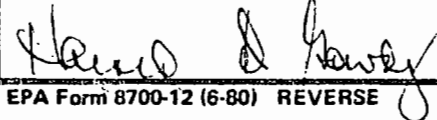
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

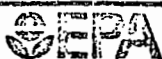
NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



Admin / ops MGR

6-30-80

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

1 8 AUG 1980

I. NAME OF INSTALLATION

~~McKesson Chemical Company~~

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P O Box 14799

CITY OR TOWN

4 Phoenix

ST.

ZIP CODE

AZ 85063

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 4909 West Pasadena Avenue

CITY OR TOWN

6 Glendale

ST.

ZIP CODE

AZ 85301

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 Neville J Till Manager

602-937-4462

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 Foremost McKesson Inc.

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

| I.D. - FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | |
|------------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|---|
| S | W | 4 | 2 | 0 | 0 | 4 | 3 | 8 | 4 | 8 | 9 | 9 | 3 | 5 | 1 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---|------------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1 F 0 0 7 23 - 26 Electronic. 23 - 26 | 2 23 - 26 8 23 - 26 | 3 23 - 26 9 23 - 26 | 4 23 - 26 10 23 - 26 | 5 23 - 26 11 23 - 26 | 6 23 - 26 12 23 - 26 |
|---|------------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---|---|---|---|---|---|
| 13 23 - 26 19 23 - 26 25 23 - 26 | 14 23 - 26 20 23 - 26 26 23 - 26 | 15 23 - 26 21 23 - 26 27 23 - 26 | 16 23 - 26 22 23 - 26 28 23 - 26 | 17 23 - 26 23 23 - 26 29 23 - 26 | 18 23 - 26 24 23 - 26 30 23 - 26 |
|---|---|---|---|---|---|

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary. See attachment.

| | | | | | |
|---|--|--|--|--|--|
| 31 U 0 0 2 23 - 26 37 U 2 2 8 23 - 26 43 23 - 26 | 32 U 2 2 6 23 - 26 38 23 - 26 44 23 - 26 | 33 U 1 5 4 23 - 26 39 23 - 26 45 23 - 26 | 34 U 1 5 9 23 - 26 40 23 - 26 46 23 - 26 | 35 U 2 1 0 23 - 26 41 23 - 26 47 23 - 26 | 36 U 2 3 9 23 - 26 42 23 - 26 48 23 - 26 |
|---|--|--|--|--|--|

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 49 23 - 26 | 50 23 - 26 | 51 23 - 26 | 52 23 - 26 | 53 23 - 26 | 54 23 - 26 |
|---------------|---------------|---------------|---------------|---------------|---------------|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

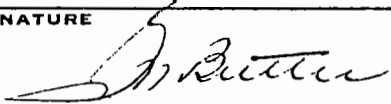
☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|--|--|------------------------|
| SIGNATURE  | NAME & OFFICIAL TITLE (type or print) G. N. Butter, Technical Director McKesson Chemical Company | DATE SIGNED 8-14-80 |
|--|--|------------------------|

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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PLEASE PLACE LABEL IN THIS SPACE

AZD 043 848 993

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

I. NAME OF INSTALLATION

McKesson Chemical Company

H. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO Box 14799

CITY OR TOWN

Phoenix

ST.

ZIP CODE

AZ 85063

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

54909 West Pasadena Avenue

CITY OR TOWN

Glendale

ST.

ZIP CODE

AZ 85301

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

2 Neville J Till Manager

PHONE NO. (area code & no.)

602-937-4462

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 Foremost McKesson Inc.

or 934-3281

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/~~dispose~~☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

AZD 043 848 993

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----------------------------|---------|---------|---------|---------|---------|
| 1 F 0 0 7 Electronic | 2 | 3 | 4 | 5 | 6 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 8 | 9 | 10 | 11 | 12 | |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 13 | 14 | 15 | 16 | 17 | 18 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 25 | 26 | 27 | 28 | 29 | 30 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

See Attachment

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 31 U 0 0 2 | 32 U 2 2 6 | 33 U 1 5 4 | 34 U 1 5 9 | 35 U 2 1 0 | 36 U 2 3 9 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 37 U 2 2 8 | 38 | 39 | 40 | 41 | 42 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 43 | 44 | 45 | 46 | 47 | 48 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 49 | 50 | 51 | 52 | 53 | 54 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

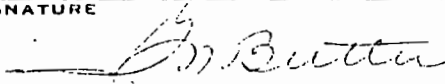
☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

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SIGNATURE



NAME & OFFICIAL TITLE (type or print)

G. N. Butter, Technical Director
McKesson Chemical Company

DATE SIGNED

11-10-80

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|-----------|-----------|-----------|-----------|-----------|----|
| 1 F001 | 2 F002 | 3 F003 | 4 F005 | 5 F007 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 43 | 44 | 45 | 46 | 47 | 48 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
|----|----|----|----|----|----|

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☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Bill R. Crumm

NAME & OFFICIAL TITLE (type or print)

BILL R. CRUMM
ASST. REGIONAL OPER. MGR.

DATE SIGNED

11/21/82

CORRESPONDENCE SUMMARY SHEET

Name/Location

EPA #

State #

McKesson

AZD043848993

| From/Date Sent | To/Date Received | # Pages | Transaction Description |
|--|--|---------|--|
| EPA 1-19-81 ADHS | 1-19-81 ADHS | 6 | Part A application copy |
| ADHS | McKesson | 1 | temporary approval to operate |
| AIR SWC 4/24/82 | N.J. Till McKesson | 1 | Request for Part A App |
| McKesson | 5-17-82 ADHS / per Insp. | 4 | Letter/Closure Plan |
| " | " | 12 | Facility Self-Checklist |
| " | " | 33 | Emergency Response (Contingency) Plan |
| TED BLACKBURN ENVIRONMENTAL HEALTH 5-21-82 | J. TILL NEVILLE MCKESSON CHEMICAL | 3 | FACILITY INSPECTION |
| R. BRUCE SCOTT BWC 4-27-82 | NEVILLE J. TILL MCKESSON CHEMICAL COMPANY | 1 | TEMPORARY APPROVAL LETTER |
| David S. Mowday Toxic Waste Mgt no date | Neville J. Till McKesson Chemical Co | 1 | Request for Part B of Application for Hazardous Waste Facility Permit |
| Mike Bango McKesson 6-24-82 | T. Blackburn 6-30-82 | 21 | Letter ref to compliance letter out 5-21-82 |
| Ted Blackburn EHS 7-13-82 | Mike Bango McKesson Chemical Co | 2 | Letter requesting additional items verification |
| Ted Blackburn 9-8-82 | Mike Bango | 1 | Letter requesting addl items |
| Bill R. Crum 10-6-82 | Bill Wilson, EPA 10-18-82 | 2 | Letter requesting withdrawal of Part A |
| R. Bruce Scott 10-19-82 | Bill Crum | 1 | late submittal of Part B Permit application |
| Wm Wilson 10-21-82 | Bill Crum | 1 | Glendale Facility. Returning submitted documents since they requested withdrawal |
| Alan Roese 11-2-82 | Mike Bango | 1 | Requesting items to support proposed exemption from G. H. W. Permit |
| 11-18-82 T. E. | File | 2 | Results of Inspection |
| 11-30-82 T. E. | File | 1 | PH Monitoring system |

ARIZONA DEPARTMENT OF HEALTH SERVICES

Inter-Office Memorandum

TO: Technical Support Files

DATE: November 30, 1982

THRU:

FROM: Talbert Eisenberg
Environmental Health Specialist

RE: McKesson Chemical

Mike Bango telephoned to report that a continuous flow pH monitoring system has been obtained from the City of Glendale, and that continuous pH monitoring of the neutralization pit will begin this week.

The City of Glendale has requested that their strip chart, on which the pH results are recorded, be returned to them and not to be submitted to us. Either a copy of the strip chart will be submitted, or the data from the original chart will be transcribed for further analysis.

Thirty days of data will be compiled, and based on the results a determination will be made whether or not to request a Part B application.

Results of Inspection at McKesson

On November 17, 1982 a visit was paid to McKesson Chemical to determine the pH values of the rinse waters entering the hazardous waste treatment facility. The influent rinse waters are generated from the cleaning of empty nitric (HNO_3), muriatic (HCl), sulfuric (H_2SO_4), and caustic soda (NaOH) containers.

The treatment facility is a 2' wide by 9' long by 4' deep below ground lined pit. The volume of the pit is approximately 540 gal. Approximately 300 gpd of rinse waters are neutralized in the pit prior to discharge into the City of Glendale sewer system.

An Orion portable pH meter was used to measure the pH values of the different rinse waters. The pH meter was calibrated with laboratory buffer solutions of pH 2, 7, and 10 prior to testing. The emptied returnable containers of H_2SO_4 , HNO_3 , HCl , and NaOH were filled with tap water and mixed.

The pH value of HNO_3 averaged 1.60 (n=3), the pH value of HCl averaged 2.0 (n=3), the pH value of H_2SO_4 averaged 1.60 (n=3), and the pH value of NaOH averaged 11.0 (n=3).

The HNO_3 and H_2SO_4 rinse waters meet the hazardous waste characteristic of corrosivity. The HCl rinse water lies on the borderline and the NaOH rinse water does not meet the hazardous waste characteristic.

1982 sales to date of HCl , HNO_3 , H_2SO_4 , and NaOH on a weight basis and percent total weight basis are approximately:

| | lb (10^6) | % Total |
|-------------------------|---------------|-------------|
| NaOH | 1.002 | 30.9 |
| HCl | 1.002 | 30.9 |
| H_2SO_4 | .805 | 24.8 |
| HNO_3 | <u>.434</u> | <u>13.4</u> |
| | 3.243 | 100.0 |

Rinse waters of the four corrosives were mixed according to the above percent weight total. The pH value of the mixture was 9.4 which does not meet the corrosivity characteristic. With proper management, the pH of the treatment pit could easily be kept within a pH range of 2 to 12.5 and therefore be considered a non-hazardous waste.

Based on the short storage time (less than one week) of the empty returnable containers prior to rinsing, the absence of metals in the waste stream, the physical dimensions of the treatment facility, and the fact that the only treatment occurring is mixing of acidic and alkaline rinse waters, McKesson has a strong case for not submitting a Part B.

As mentioned in our letter of November 2, McKesson has been requested to submit the results of a 30 day continuous pH monitoring of the treatment pit. We believe that with proper management (i.e., use NaOH rinse water for the first influent), the pH of the treatment tank can be maintained within the range of 2 to 12.5 and McKesson will not be required to submit a Part B.

— Talbot
Ember
11/18/82



ARIZONA DEPARTMENT OF HEALTH SERVICES

Division of Environmental Health Services

BRUCE BABBITT, Governor
JAMES E. SARN, M.D., M.P.H., Director

REF: TS 0650

November 2, 1982

Mike Bango, Operations Manager
McKesson Chemical Company
P.O. Box 14799
Phoenix, AZ 85063

Dear Mr. Bango,

RE: Glendale facility (EPA ID No. AZD043848993)

To support your proposed exemption from an Arizona hazardous waste permit, we are requesting the following items.

1. An on-site inspection of the treatment facility by a representative of the Technical Support Section of the Bureau of Waste Control.
2. Results of a 30 day continuous pH monitoring of the pH adjustment tank.
3. Results of an EP toxicity test for heavy metals (As, Ba, Cd, Cr, Pb, Hg, Se, Ag) for the pH adjustment tank.

Based on the results of the above items, we shall determine if a Part B permit application is required. Since your Part B permit application is already past due, we are requesting that the continuous pH monitoring and EP toxicity test be submitted no later than January 1, 1983. If there are any problems meeting the above requirements, do not hesitate to contact me.

Sincerely,

Alan L. Roesler

Alan L. Roesler, R.G., Manager
Technical Support Section
Bureau of Waste Control

ALR:ns



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IX

215 Fremont Street

San Francisco, Ca. 94105

October 21, 1982

Bill R. Crumm, Sr.
Assistant Regional Operations Manager
McKesson Chemical Company
Western Region
9040 Telegraph Road
Downey, CA 90240

Re: Glendale, AZ Facility (EPA ID# AZD043848993)

Dear Mr. Crumm:

We have reviewed your request for withdrawal of your permit application for the facility referenced above, submitted pursuant to Section 3005 of the Resource Conservation and Recovery Act. In accordance with your request, we are returning the documents which you submitted.

Should it be necessary for you to re-apply for a hazardous waste facility permit, you should contact us for the procedures to be followed.

Sincerely yours,

A handwritten signature in black ink, appearing to read "William D. Wilson".

William D. Wilson
Toxics & Waste Management Division

Enclosure

cc: Al Roessler, Arizona DOHS

ARIZONA DEPARTMENT OF HEALTH SERVICES

Division of Environmental Health Services

BRUCE BABBITT, Governor

JAMES E. SARN, M.D., M.P.H., Director

REF: TS 0631

October 19, 1982

Bill R. Crumm, Sr.
Assistant Regional Operations Manager
McKesson Chemical Company
9040 Telegraph Road
Downey, CA 90240

Dear Mr. Crumm:

RE: Late Submittal of Part B Permit Application to Arizona Department of Health Services (ADHS) Reflecting Treatment at Glendale Facility (EPA ID No. AZD043848993)

In reference to your telephone conversation of October 19, 1982 with Alan L. Roesler, Manager of the Technical Support Section, you were reminded at that time of your responsibility to submit a Part B permit application to the ADHS under the authority of A.C.R.R. R9-8-1820.A.5.c of the State hazardous waste regulations. Our letter to your facility, dated April 21, 1982, had specifically requested this permit application to be submitted to our office by October 18, 1982.

Since your facility (listed above) is considering other alternatives to elementary neutralization, which is regulated by ADHS, Mr. Roesler has extended to October 29 the date by which ADHS must determine whether this facility chooses to continue a treatment process regulated by State hazardous waste regulations, or whether some other alternative will be utilized to handle rinsate acid wastes from drums at this facility.

ADHS will not rescind its request for a Part B permit application while this facility continues to operate an elementary neutralization unit. At the same time, we will not refer the violation of the late Part B submittal to our Attorney General's office until we receive further notification of your future facility intentions (or after October 29).

Should you choose to maintain the Glendale facility as a regulated treatment facility, we again will extend our offer of technical assistance necessary to help your staff or consultant submit a complete permit application. Another requested submittal date will have to be negotiated at a later time, if your facility chooses to maintain treatment standards outlined in the Arizona State hazardous waste regulations.

Sincerely,

R. Bruce Scott, P.E., Chief
Bureau of Waste Control

RBA:ns

The Department of Health Services is An Equal Opportunity Affirmative Action Employer. All qualified men and women, including the handicapped, are encouraged to participate.

October 6, 1982



Mr. Wm. D. Wilson (T-2-2)
U. S. E. P. A. Region IX
215 Fremont St.
San Francisco, CA 94105

Dear Mr. Wilson:

Upon review of the criteria for securing a hazardous facility waste permit, we have decided that it would not be feasible to operate as a storage facility at our Glendale, Arizona location. Therefore, we would like to withdraw from interim status at this time.

Enclosed is form 8700-12 properly executed and signed that will change the Glendale, Arizona facility from a T S & D to a transporter generator only.

We would appreciate a confirmation of our request by return mail.

We thank you for your consideration and if there are any questions or you need anything further, please contact us.

Sincerely,

Bill R. Crumm, Sr.
Assistant Regional Operations Manager

BRC:sw

Encl.

cc: A. M. McMahon - Western Region Vice President
D. L. Eisner - Home Office Operations Technical Director
C. W. Uhrich - Denver District Manager
J. T. Neville - Phoenix Branch Manager



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTI\

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL
M - NON-FEDERAL☒ A. GENERATION☐ B. TRANSPORTATION (complete Item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

A Z D 0 4 3 8 4 8 9 9 3

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES: Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES: Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

4. TOXIC (D000)

I certify, under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE SIGNED

10/6/82



ARIZONA DEPARTMENT OF HEALTH SERVICES

Division of Environmental Health Services

Ref. No. HW 1126
September 8, 1982

BRUCE BABBITT, Governor
JAMES E. SARN, M.D., M.P.H., Director

Mr. Mike Bango
Operations Manager
McKesson Chemical Company
P.O. Box 14799
Phoenix, Arizona 85063

Dear Mr. Bango:

The Interim Status Standards (I.S.S.) reinspection of your facility conducted on August 24, 1982 revealed certain deficiencies which still require additional information or verification in order to fulfill regulatory obligations. Specific deficiency items discussed at this meeting are outlined below for clarification:

1. General Inspection Requirements (R9-8-1821.F. and 40 CFR 265.15)
 - A. The Written Schedule must identify the types of problems which are to be looked for during inspections.
 - B. The Inspection Log must have space allocation for a description or notation of corrective actions taken as required.
2. Contingency Plan (R(-8-1821.E. and 40 CFR 265.52)
 - A. A description and/or outline of emergency equipment capabilities must be incorporated into the plan.
3. Waste Analysis Plan (R9-8-1821.A. and 40 CFR 265.13)
 - A. Waste analysis plans and needs as outlined under the above-referenced regulations are to be incorporated into the plan.
4. Operating Log (R9-8-1821.F. and 40 CFR 265.73)
 - A. Incorporation of all required items as outlined by the regulations into an operating log is needed.

The proposed compliance date for the above-listed deficiencies is thirty-five (35) days following receipt of this letter. If you have any questions, please contact this Bureau at 255-1160.

Sincerely,

Ted Blackburn
Environmental Health Specialist

TB:ct

cc: Region IX, EPA

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State Health Building
Technical Support Section
1740 West Adams Street

Phoenix, Arizona 85007



ARIZONA DEPARTMENT OF HEALTH SERVICES

Division of Environmental Health Services

Ref. No. HW 1112
July 13, 1982

BRUCE BABBITT, Governor

JAMES E. SARN, M.D., M.P.H., Director

CERTIFIED MAIL

Mr. Mike Bango, Operations Manager
McKesson Chemical Company
P.O. Box 14799
Phoenix, Arizona 85063

Dear Mr. Bango:

This Bureau is in receipt of your letter of June 29, 1982 which notes criteria to attain achievement of R.C.R.A. Interim Status Standards (I.S.S.). In the following paragraphs you will note items which require additional information or verification. In the coming weeks your company will be notified of a reinspection whereby items listed below will be verified and discussed as needed. Please refer to this Bureau's letter dated May 21, 1982 for a numerical outline of the items noted below.

1. General Inspection Requirements (R9-8-1821 E., F.: 40 CFR 265.15)
 - A. Written Schedule

1. Must identify types of problems which are to be looked for during inspections, e.g.
containers: weekly for leaks or deterioration caused by corrosion or other factors.
tanks: daily for discharge control equipment, monitoring equipment, waste level; weekly for construction materials of tank and surrounding area.

- B. Inspection Log

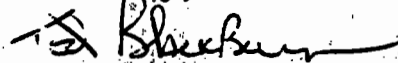
1. Must have: date and time of inspection, name of inspector, notation of observations made, date and nature of repairs or other remedial actions taken.
2. Contingency Plan (R9-8-1821 E.3.; 40 CFR 265.52)
 - A. Must include a listing of all emergency equipment with location, description, and capabilities. This includes spill control equipment, communications equipment, decontamination equipment, etc.
3. Adequate for I.S.S. Refusals to be noted in operational log.

Mr. Mike Bango
July 13, 1982
Page Two

4. Waste Analysis Plan (R9-8-1821 A; 40 CFR 265.13 c)
 - A. Specifically states that for off-site facilities the waste analysis plan specified in paragraph (b) must also specify procedures to be used to inspect and, if necessary, analyze each movement of hazardous waste received in order to verify the identity as that matching the accompanying manifest. This includes sampling methods to assure a representative sample.
5. Adequate for I.S.S. Installation to be verified.
6. Operating log (R9-8-1821 F; 40 CFR 265.73)
 - A. The operating log must include:
 1. Description and quantity of each waste received with the method and date of treatment.
 2. Location of hazardous waste and quantity of, cross reference with manifest number if accompanied by manifest.
 3. Records and results of waste analysis and trial tests as specified in 265.13)(Waste Analysis Plan).
 4. Incident reports.
 5. Inspection reports and results.
 6. Closure cost estimates.
7. Personnel Training (R9-8-1821 F.; 40 CFR 265.16)
 - A. Verification that records documenting that training or job experience has been given.
8. Adequate for I.S.S.
9. Adequate for I.S.S.
10. Adequate for I.S.S.
11. Adequate for I.S.S.

If you have any questions please contact this office at 255-1160.

Sincerely,



Ted Blackburn
Environmental Health Specialist

TB:ct
cc: [REDACTED] Technical Support
E.P.A. Region IX

Permit file

HAZARDOUS WASTE MANAGEMENT FACILITY PERMIT APPLICANT DISPOSITION LOG

Facility Name: McKesson Chemical Co
Location: 4909 West Pasadena Ave, Glendale
Existing X New

EPA #: A2 D043846993
Type of facility: S/T

| | Date Initiated (received) | Date Completed (sent) | Initials | Comments |
|---|---------------------------------|-----------------------------|-----------|----------|
| <u>Notification of intent to apply received</u> | _____ | _____ | _____ | _____ |
| <u>Facility Disposition Log initiated</u> | _____ | _____ | _____ | _____ |
| <u>Part A received</u> | <u>1/19/81</u> | <u>Via EPA Region IX</u> | <u>DR</u> | _____ |
| <u>Filing System Initiated</u> | _____ | _____ | _____ | _____ |
| Correspondence folder | <u>✓</u> | _____ | _____ | _____ |
| Summary sheet | <u>✓</u> | _____ | _____ | _____ |
| Facility Plans folder | <u>✓</u> | _____ | _____ | _____ |
| Monitoring folder | <u>NA</u> | _____ | _____ | _____ |
| Summary sheet | _____ | _____ | _____ | _____ |
| Recordkeeping folder | _____ | _____ | _____ | _____ |
| Summary sheet | _____ | _____ | _____ | _____ |
| Confidential folder | _____ | _____ | _____ | _____ |
| Summary sheet | _____ | _____ | _____ | _____ |
| Internal Bureau Memos folder | _____ | _____ | _____ | _____ |
| Map & Blueprint file | _____ | _____ | _____ | _____ |
| Public comment/Public notice folder | _____ | _____ | _____ | _____ |
| <u>Part A receipt acknowledged form letter</u> | _____ | _____ | _____ | _____ |

| | Date initiated (received) | Date continued (sent) | Initials | Comments |
|--|---------------------------------|-----------------------------|------------|----------|
| <u>Part A information compilation</u> | <u>Yes</u> | <u>8/1</u> | <u>Den</u> | |
| Facility name tables (summary sheet) | <u>✓</u> | | | |
| County tables | <u>✓</u> | | | |
| Process tables | <u>✓</u> | | | |
| H.W. by EPA# tables | <u>✓</u> | | | |
| Data Management Informal | <u>✓</u> | | | |
| <u>Part A reviewed for Temporary Approval</u> | <u>1/19/81</u> | | <u>D</u> | |
| Determination made that permit is required | | | | |
| Memo to management of intent - due date for response | | | | |
| Permit not required letter sent | | | | |
| Temporary approval given, form letter sent | <u>1/19/81</u> | | | |
| Temporary approval not given, letter sent | | | | |
| Facility info integrated into permit program | | | | |
| Status report to EPA | | | | |
| <u>Priority Assigned</u> | <u>A2 - 23 Pts</u> | | | |
| | <u>EPA - 30 Pts</u> | | | |
| Priority sheet | | | | |
| Master Priority list | | | | |
| Priority Report | | | | |
| Priority Scoping Meeting | | | | |

| | Date initiated (received) | Date completed (sent) | Initials | Comments |
|---|-----------------------------------|-----------------------------|-----------|----------|
| <u>Tracking Initiated</u> | <u>Yes</u> | | <u>Dr</u> | |
| Master Names List | <u>✓</u> | | | |
| Master Address List | <u>✓</u> | | | |
| Master Disposition Log | <u>✓</u> | | | |
| Master Disposition Board | | | | |
| <u>Part B requested</u> | | | | |
| Part B information re- quirement ascertained | | | | |
| Memo to Bureau Admin of findings and suggested action with due date for response | | | | |
| Intent approved | | | | |
| Form letter sent (registered mail) | | <u>4/21/82</u> | <u>Dr</u> | |
| Instructions for permit sent | | <u>✓</u> | | |
| Modules sent | | <u>✓</u> | | |
| Due date assigned & logged | | <u>Due → 10/18/82</u> | | |
| Application sent | | <u>✓</u> | | |
| Pre-Application con- ference suggested | <u>Conference held 5/4/82</u> | <u>✓</u> | | |
| Registered Mail receipt received | <u>Yes</u> | | <u>Dr</u> | |
| <u>Pre-Application Conference</u> | | | | |
| Management notified | | <u>Yes</u> | | |
| Applicant given procedures list | | | | |
| Final determination made of need for Part B | | | | |
| Compliance schedules & waivers discussed (1820.I.2) (1821.I) (1815.B) | | | | |

| | Date Initiated (received) | Date Completed (sent) | Initial | Comments |
|--|---------------------------------|-----------------------------|---------|----------|
| <u>Part B Received (filed & logged)</u> | _____ | _____ | _____ | |
| <u>Part B Scoping Meeting</u> | _____ | _____ | _____ | |
| Review responsibilities list assignments made | _____ | _____ | _____ | |
| Review/Permit writing lead assigned | _____ | _____ | _____ | |
| Review due dates determined | _____ | _____ | _____ | |
| <u>Part B Completeness Review</u> | _____ | _____ | _____ | |
| Topic/Module Review | _____ | _____ | _____ | |
| Application | _____ | _____ | _____ | |
| General | _____ | _____ | _____ | |
| Siting | _____ | _____ | _____ | |
| Tanks/containers/piles | _____ | _____ | _____ | |
| Surface Impoundments | _____ | _____ | _____ | |
| Landfills | _____ | _____ | _____ | |
| Landfarms | _____ | _____ | _____ | |
| Injection wells | _____ | _____ | _____ | |
| Incineration | _____ | _____ | _____ | |
| Treatment (other) | _____ | _____ | _____ | |
| Contingency | _____ | _____ | _____ | |
| Monitoring | _____ | _____ | _____ | |
| Closure/post-closure | _____ | _____ | _____ | |
| Financial | _____ | _____ | _____ | |
| Record keeping | _____ | _____ | _____ | |
| Deficiency sheet prepared | _____ | _____ | _____ | |
| Memo of findings to management | _____ | _____ | _____ | |
| Suggested action | _____ | _____ | _____ | |
| Due date for response | _____ | _____ | _____ | |



ARIZONA DEPARTMENT OF HEALTH SERVICES

Division of Environmental Health Services

Ref. No. HW 1053
May 21, 1982

BRUCE BABBITT, Governor
JAMES E. SARN, M.D., M.P.H., Director

CERTIFIED MAIL

Mr. J. Till Neville, Manager
McKesson Chemical Company
P.O. Box 14799
Phoenix, Arizona 85063

Dear Mr. Neville:

Re: Facility Inspection: AZD 043848993

On May 17, 1982 an inspection of McKesson Chemical Company, located at 4909 West Pasadena Avenue, Glendale, Arizona, was conducted for the purpose of determining compliance with ACRR R9-8-1800, the Arizona Hazardous Waste Regulations. The purpose of this letter is to report to you the results of that inspection and to propose a compliance schedule for correcting deficiencies listed below.

This letter is being sent to you as the contact person identified in the Part A permit application on file with the Arizona Department of Health Services. As contact person you must have the authority to negotiate a compliance schedule to correct deficiencies. If another individual should be receiving this letter or if you wish additional copies sent to specific parties, please notify this Bureau.

In the following list of deficiencies references are made to applicable State regulations and where appropriate, Federal requirements that must be met to achieve compliance with interim status standards.

1. General Inspection Requirements. Inspections and Inspection Log, (R9-8-1821 E.F. and 40 CFR 265.15) requires inspections to follow a written schedule and time frame for specific equipment and processes. In addition, the regulations require that an inspection log or summary be kept. Investigation revealed that your facility conducts only monthly inspections. Cross references for specific time schedules can be found under 40 CFR 265.174 and 265.194 for your facility.
2. Contingency Plan (R9-8-1821 E.3. and 40 CFR 265.52) Refers to contingency plan content, specifically in this case describing arrangements agreed to by local response agencies; a listing of names, addresses and phone numbers (office and home) of all qualified emergency coordinators;

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State Health Building

1740 West Adams Street

Phoenix, Arizona 85007

Mr. J. Till Neville, Manager
May 21, 1982
Page Two

a listing of all emergency equipment at the facility, including the location, physical description and a brief outline of its capabilities; and actions taken by facility personnel to comply with 40 CFR 265.51, 265.56 and R9-8-1821 E.5.

3. Copies of Contingency Plan (R9-8-1821 E.4. and 40 CFR 265.53) States that a copy of the contingency plan be maintained at the facility and submitted to all agencies with which formal arrangements have been made. In this case if copies were not given, or if refused by certain agencies, incorporate in the contingency plan a notation of arrangements made with various agencies, contact methods and dates.

4. Waste Analysis Plan (R9-8-1821 A. and 40 CFR 265.13 b.) A written plan must be developed describing procedures to be followed to comply with all waste analysis requirements. The federal regulation provides details regarding plan content.

5. Warning Signs (R9-8-1821 A. and 40 CFR 265.14 c.) Signs warning against unauthorized entry must be posted at each entrance to the active portion of the facility and at other locations in sufficient number to be seen from any approach to the active portion. In this case, warning signs should be specifically installed near the neutralization tank and at the western boundary fence near the drum storage area.

6. Operating Log (R9-8-1821 F. and 40 CFR 265.73) A written operating record must be kept at the facility. A description of required items is listed under the Federal regulation.

7. Personnel Training (R9-8-1821 F. and 40 CFR 265.16). The Federal regulation specifically give requirements for personnel training and record keeping that must be fulfilled.

8. Closure Plan and Cost Estimate (R9-8-1821 A.; 40 CFR Part 265, Subpart G and 40 CFR 265.142). A written plan is required describing steps to be taken for closure of the facility. This plan must be kept at the facility along with written estimates of closure costs. In addition to the drum storage area Arizona regulations view the neutralization tank as an active portion of the facility and as such requires closure plans, cost estimates and a closure time schedule.

9. Tanks (R9-8-1821 B. and 40 CFR Part 265 Subpart 5) Contains provisions for the safe and proper operation of facilities utilizing tanks in their operation. Specific mention is given to general operating requirements and inspections. In this case specific items to be addressed are freeboard level, analysis, inspections and closure. Some of these items will be addressed under separate headings within this letter.

10. Containers (40 CFR Part 625 Subpart I) Gives specific requirements for the use and management of containers. In this case specific mention

Mr. J. Till Neville, Manager
May 21, 1982
Page Three

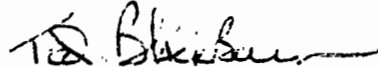
is given to 265.176 which states that containers holding ignitable or reactive wastes be located at least 15 meters (50 feet) from the facility's property line. If this type of waste is anticipated at your proposed drum storage area, these requirements will have to be met thereby requiring establishment of a new drum storage area.

11. Annual/Quarterly Reports (R9-8-1821 H. and 40 CFR 265.75) Both regulations deal specifically with format and requirements for the Annual/Quarterly reports. Enclosed you will find an instruction sheet for these reports which should answer questions regarding deficiencies in your latest submission.

The proposed compliance date for the above-listed deficiencies is thirty-five (35) days following receipt of this letter. Evidence of compliance (plans, reports, etc.) must be submitted to the Bureau by that date. Should circumstances arise making this deadline unattainable, please notify the Bureau as soon as possible.

If you have any questions or if I may be of any assistance please contact me at 255-1160.

Sincerely,



Ted Blackburn
Environmental Health Specialist

TB:ct
Enclosures

cc [redacted] Technical Support Section
E.P.A. Region IX



ARIZONA DEPARTMENT OF HEALTH SERVICES

Division of Environmental Health Services

REF: TS 0467

April 21, 1982

BRUCE BABBITT, Governor

JAMES E. SARN, M.D., M.P.H., Director

Neville J. Till, Manager
McKesson Chemical Company
P O Box 14799
Phoenix, AZ 85063

Re.: Glendale Facility (EPA ID No. AZD043848993)

Dear Mr. Till:

This letter constitutes a formal request by the Department for a complete hazardous waste facility permit application (U.S. EPA "Part B") for the facility referenced above. This request is made under the authority of ACRR9-8-1820.A.5.c.

Enclosed please find a copy of the "Application Instructions" including a "Permit Application Form" and a set of application checklist "Modules" which are appropriate for your facility type. A completed application must be submitted by October 18, 1982.

In order to ease your regulatory burden, the Department intends to work closely with the EPA in order to issue your facility a joint EPA/State permit. In order to accomplish this within a reasonable period, the Department will accept a copy of the completed EPA "Part B" application submitted to the U.S. EPA in lieu of an application arranged according to the Department's application "Modules". However, any application submitted to the Department must include those informational items required by the Department but not necessarily required by the EPA. This would include complete information regarding those EPA exempted processes such as elementary neutralization, NPDES and pretreatment units.

In order to facilitate the dissemination of information regarding State and Federal application requirements and processing procedures, you are invited to a meeting with representatives from the Department and the EPA. This meeting will be held at 10 a.m., Tuesday, May 4, 1982 at the State Health Building conference room A. Representatives from other solicited facilities will also be in attendance.

Should you have questions concerning this matter, feel free to contact me or Dale Anderson at (602) 255-1166.

Sincerely,

Alan L. Roesler

Alan L. Roesler, R.G., Manager
Technical Support Section
Bureau of Waste Control

ALR:DA:ze

The Department of Health Services is An Equal Opportunity Affirmative Action Employer. All qualified men and women, including the handicapped, are encouraged to participate.



ARIZONA DEPARTMENT OF HEALTH SERVICES

Division of Environmental Health Services

January 19, 1981

BRUCE BABBITT, Governor
JAMES E. SARN, M.D., M.P.H., Director

Dear Applicant:

Your Resource Conservation and Recovery Act facility Part A application has been received. Pursuant to the Arizona State Hazardous Waste Regulations (Title 9, Chapter 8, Article 18), you are hereby granted temporary approval to operate (R9-8-1820.H.1.). Temporary approval to operate will be in effect until a final administrative decision is made to approve or disapprove your complete hazardous waste permit application (R9-8-1820.A.5.e.).

Under temporary approval to operate, you are required to comply with the same requirements imposed upon a permitted facility relating to: (1) containers and storage tanks (R9-8-1817); (2) the hazardous waste manifests (R9-8-1818); and (3) the operation of a hazardous waste facility (R9-8-1821). You are also required to use the Federal Interim Status Standards (40 CFR Part 265) as specific conditions to meet these State regulations.

If we can be of any assistance, please contact Bill Williams, Manager, Hazardous Waste Section at (602) 255-1160.

Sincerely,

Tibaldo L. Canez, Chief
Bureau of Waste Control

TLC:jr

LIST OF COMPANIES THAT RECEIVED LETTER REGARDING TEMPORARY APPROVAL TO OPERATE

| | |
|---|---|
| <p>AZ0054742896 ANACONDA COPPER COMPANY HAVERHURST PLANT MGR. OFF. PO BOX 27067 TUCSON</p> | <p>AZ 85720 ASARCO INCORPORATED HAYDEN PLANT GORTILL COIN. R. DIR. OF EN. PO BOX 98 HAYDEN</p> |
| <p>AZ00573124055 AZ AIR CATE GUANO 157 TAC FTR GP KRAUTH JAMES LI COL BCE P O BOX 11037 TUCSON</p> | <p>AZ 85734 AZT0050019010 CITIES SERVICE COMPANY-MIAMI OPS CINC-GRKS, R. J. STAFF ENV. BOX 100 MIAMI</p> |
| <p>AZ0063274609 CONTINENTAL CIRCUITS CORP FLAIT MICHAEL PRESIDENT 3502 E HOESER ROAD PHOENIX</p> | <p>AZ 85040 AZD0065476598 CYPROS METALLURGICAL PROCESSES CORP AMERUS SA RESIDENT MGRAGE BOX 7089 TUCSON</p> |
| <p>AZ0079010310 DIGITAL EQUIPMENT CORP PLANT MANAGER <i>Jack Tobin</i> PO BOX 35200 PHOENIX</p> | <p>AZ 85077 AZT000623819 DIGITAL EQUIPMENT CORPORATION ENGINEER <i>Ernest Hain</i> 1901 WEST 14TH STREET TEMPE</p> |
| <p>AZD048380000 GENERAL SEMICONDUCTOR INDUSTS* CARLSON FRANKLIN SENIOR V PO BOX 3078 TEMPE</p> | <p>AZ 85281 AZD000004881 GEORGIA-PACIFIC CORP CHEM-PAC DIVISION CARSIER ROBERT PRESIDENT 4239 E 39TH AVE PHOENIX</p> |
| <p>AZD004398786 GOODYEAR AEROSPACE CORPORATION LEONARD LADEN PLANT MGRAG PO BOX 85 CHICFIELD PK</p> | <p>AZ 85440 AZD000625715 GOULD INC., FOIL DIVISION PARKINSON WAYNE TECHNICAL 2929 W. WILLIAMSFIELD ROAD CHANDLER</p> |
| <p>AZD003387997 HEXCEL CORPORATION NELSON L. PIKE PLANT MGRAG PO BOX 80 CASA GRANDE</p> | <p>AZ 85222 AZT000024445 HONEYWELL CHANDLER FACILITY HACKER ROBERT MGR PLANT E PO BOX 6000 PHOENIX</p> |
| <p>AZD054408794 HONEYWELL DEER VALLEY COMPUTER PARK HACKER ROBERT MGR PLANT E PO BOX 6000 PHOENIX</p> | <p>AZ 85005 AZD006905422 HUGHES AIRCRAFT CO* SPAULDING EDW MGR ENV MGR PO BOX 11337 TUCSON</p> |
| <p>AZT000623702 INTERNATIONAL BUSINESS MACHINES CORP HARDY HAL ENVIRONMENTAL GENERAL PRODUCTS DIVISION TUCSON</p> | <p>AZ 85744 AZD000024679 ITC COURIER TELEPHONS SYSTEMS INC PRESIDENT <i>Jim Howard</i> 1515 E 14TH ST TEMPE</p> |

| | | |
|--|--------------------------|--|
| LUKE AIR FORCE BASE CHIEF ADMIN CH ENV PLA ISG DEEV | AZ0570024133 | AGMA COPPER COMPANY SAN MARCO DIV WILSON DIV ENV AFFA <i>S. J. Young</i> PO BOX 1 SAN MARCO AZ 85631 |
| LUKE AIR FORCE BASE | AZ 85309 | AZ0009004177 |
| MARINE CORPS AIR STATION SALTZER CHARLES P & ENGR P & ENGINEERING DIV BLDG 631 YUMA ARIZONA | AZ0170024493 AZ 85304 | AUTODATA INC NICK RIED - MGR ENVIRONMENT PO BOX 2953 RD 7104 PHOENIX AZ 85036 |
| AUTODATA INC KISTLER THOMAS ENV ENGR PO BOX 1117 SCOTTSDALE | AZ0008399636 AZ 85252 | AVAJO DEPOT ACTIVITY CHIEF CHIEF SERVICE <i>Dick Smith</i> FLAGSTAFF AZ 86001 |
| DEFANDA LAKESHORE MINES INC KLINE JOHN CHIEF METALLUR PO BOX C-6 CASA GRANDE | AZ0094524097 AZ 85222 | PERM ATHLETIC PRODUCTS COMPANY BALZIC JOHN PEAT ENGINEER 305 S. 45TH AVE PO BOX 6938 PHOENIX AZ 85005 |
| PUREGRO CO. GLETT DONALD DISTRICT 29TH AVE. & S. PAC. TRKS TUCSON | AZ0000389445 AZ 85353 | PUREGRO COMPANY UNIT 175 WISEMAN WAYNE DISTRICT MA PO BOX 598 CASA GRANDE AZ 85222 |
| PUREGRO COMPANY UNIT 176 SHALLEY DALE AREA MANAGE 2120 SOUTH MCQUEEN ROAD MESA | AZ0004333886 AZ 85202 | Kaibab Ind. RECYCLED ENERGY DIV HILL E WILLIAM DIV MANAGE 2345-A WEST THOMAS ROAD PHOENIX AZ 85015 |
| ROGERS CORPORATION BRUNSON TRACY SF PROCESS PO BOX 700 CHANDLER | AZ0042018689 AZ 85224 | ROGERS CORPORATION ARENDELL FRANCES PROCESS PO BOX 700 CHANDLER AZ 85224 |
| SUDT FIBERGLASS PRODUCTS, INC. LEFER DONALD GENERAL MGR P.O. BOX 26922 TUCSON | AZ0000629477 AZ 85726 | AZ5213820991 US ARMY YUMA PROVING GROUND WHITE MICHAEL B CH ENGINE ACTN STEYP-FEO YUMA AZ 85364 |
| VELSICOL CHEMICAL CORPORATION BRASINGTON JOHN TECH COOR 6504 S. WILDERMAN AVE GLENDALE | AZ0089303002 AZ 85302 | AZ0043839349 WESTERN ELECTRIC CO. PHOENIX WORKS WOODS C.D. ENG. MANAGER P.O. BOX 13354 PHOENIX AZ 85007 |
| WILLIAMS AIR FORCE BASE EYER JAMES ENV PROTECTION WILLIAMS AIR FORCE BASE CHANDLER | AZ7570028582 AZ 85224 | AZT000623827 INTERNATIONAL BUSINESS MACHINES CORP EHRLHARDT HAL ENVIRONMENTA GENERAL PRODUCTS DIVISION TUCSON AZ 85744 |

AZ000034452
PUREGRU COMPANY UNIT 175
DISTRICT 1 Dale Shadley
PO BOX 715
CASA GRANDE AZ 85322

JACOBS ASSAY OFFICE
JACOBS MICHAEL DUMER
1435 S TENTH AVE
TUCSON

AZ 85713

HACK CANYON MINE NO 2
GLASIER GEORGE COUNSEL
SUITE 900 1515 ARAPAHOE STREET
DENVER CO 80202

AZD000627075

GENERAL ELECTRIC COMPANY
GILSON WILLIAM SHUFMAN
1911 WEST COLLEGE STREET
GUENDALE AZ 85301

AZD000940084

ACKESSON CHEMICAL CO
DEVILLE TILL MANAGER
PO BOX 14799
PHOENIX

AZD043848993

AZ 85063

OFFICIAL OF ARIZONA - CASA GRANDE
HARRIS JOHN MANAGER ENV
447 W FIRST STREET
CASA GRANDE

AZD070255484

AZ 85222

PROLER INTERNATIONAL CORP
ORENLOFF JAMES F PLT MAN
PO BOX 301
COOLIDGE

AZD081705402

AZ 85228

YUMA DESALTING PLANT
THOMPETER R M REGIONAL CO
PO BOX 427
BOULDER CITY

AZD081705402

89005

GTE MICROCIRCUITS DIVISION
FRY GEORGE DIR OF OPERAT
2000 W 14TH STREET
TEMPE

AZD000624301

AZ 85201

Henkel Corporation
rdosky, Gary, Technical Coordinator
844 West Grant Rd., Suite 104
Tucson, AZ 85705

AZD089310759

AZT050019096
PUREGRU COMPANY UNIT 174
DISTRICT 1 Dale Shadley
PO BOX 715
CASA GRANDE AZ 85322

NATIONAL CAN CORPORATION
BARNETT GLEN PLANT MANAGER
211 NORTH 51ST AVENUE
PHOENIX

AZT000623736

AZ 85031

PIONEER PAINT & VARNISH CO
LOCAL PARTS PRESIDENT
PO BOX 12150
TUCSON

AZD000839779

AZ 85732

AIRCO INC AIRCO INDUSTRIAL GASES
RENGA V PLANT SUPER
1122 E 52ND ST
PHOENIX

AZD04364047

AZ 85008

KIMCHE COMPANY INC THE
GEFFY CREW PLANT MANAGER
2402 SOUTH 15TH AVENUE
PHOENIX

AZD04931437

AZ 85007

GENERAL INSPECTION CORPORATION
DUSSEAR JOHN GENERAL MGR
2355 W WILLIAMS FIELD RD
CHANDLER

AZD07753710

AZ 85224

VAR WATERS AND PUGH'S
ACCIDENTLESS ROSS OPERATION
PO BOX 1431
EMMENA

AZD08340421

AZ 85001

YUMA DESALTING TEST FACILITY
THOMPETER R M REGIONAL CO
PO BOX 427
BOULDER CITY

AZD142390026

89005

GTE MICROCIRCUITS DIVISION
FRY GEORGE DIR OF OPERAT
2000 W 14TH STREET
TEMPE

AZD09347440

AZ 85251

Motorola Inc. (Mohave St. Facility)
Nick Hild, Mgr., Environmental Affairs
P.O. Box 2953
Phoenix, AZ 85036

AZT000623710

AZD043848050

Motorola Inc.
Chait, Maurice, Chief, Eng. Env.
2200 W. Broadway
Mesa, AZ 85202

AZ489009018

Phoenix Substation (Headquarters)
Onstad, David, District Manager
P.O. Box 6457
Phoenix, AZ 85005

AZT000618512

Motorola Inc. Govt. Electronics Div.
Kistler, Thomas, Env. Engineer
P.O. Box 1417
Scottsdale, AZ 85252



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IX

215 Fremont Street
San Francisco, Ca. 94105

Mr. Neville J. Till, Manager
McKesson Chemical Co.
P.O. Box 14799
Phoenix, AZ 85063

Re: Glendale Facility (EPA ID No. AZD043848993)

Dear Mr. Till:

This letter constitutes a formal request for Part B of your application for a hazardous waste facility permit under the Resource Conservation and Recovery Act (RCRA) for the facility referenced above. This request is made under the authority of 40 CFR 122.22(a)(4).

Enclosed for your reference is a list of the items which constitute Part B. Also enclosed is a copy of the relevant sections of the Federal Register explaining each item. Part B must be filed by October 15, 1982. Two copies should be submitted to EPA (M-5), at the address above. Two copies should be submitted to the Bureau of Waste Control, Arizona Department of Health Services, 1740 W. Adams Street, Phoenix, Arizona 85007.

We are scheduling a pre-application meeting for RCRA permit applicants in your area in the near future. You will be contacted regarding the time and location of this conference. The guidance you will receive at this meeting will speed the permitting process, so we urge your attendance.

Please refer any questions you may have to Mr. William D. Wilson (T-2-2) at the above address or phone (415)974-8391.

Sincerely yours,

David S. Mowday
Acting Director
Toxics & Waste Management Division

Enclosures

cc: Al Roesler, ADHS



ARIZONA DEPARTMENT OF HEALTH SERVICES

Division of Environmental Health Services

BRUCE BABBITT, Governor
JAMES E. SARN, M.D., M.P.H., Director

April 27, 1982

EPA ID No.: AZD043848993

Neville J. Till, Manager
McKesson Chemical Company
P O Box 14799
Phoenix, AZ 85063

Dear Applicant:

A Resource Conservation and Recovery Act Part A Application has been received by the State for your facility referenced above. You are hereby granted temporary approval to operate pursuant to Arizona Code of Rules and Regulations, R9-8-1820.H.1.

Your temporary approval to operate will be in effect until final administrative action is taken to deny or approve your permit application submitted pursuant to R9-8-1820.A-5-C, or when your Part A application is voluntarily withdrawn or returned by the State because a permit is not required for your hazardous waste activities.

Under temporary approval to operate, you must comply with the same requirements imposed upon a permitted facility including: 1) R9-8-1817 (Containers and Storage Tanks); 2) R9-8-1818 (Hazardous Waste Manifest); and 3) R9-8-1821 (Operation of a Hazardous Waste Facility).

In addition, where State standards for facilities are less stringent than federal regulations, or more broad or general, you are required to follow relevant EPA standards as detailed by 40 CFR Part 265.

If we can be of any assistance, please contact Alan Roesler, Manager, Technical Support Section at (602) 255-1166.

Sincerely,

R. Bruce Scott, P.E., Chief,
Bureau of Waste Control

RBS:ze

The Department of Health Services is An Equal Opportunity Affirmative Action Employer. All qualified men and women, including the handicapped, are encouraged to participate.

McKesson Chemical Company

Foremost-McKesson
Chemical Group
Western Region
9040 Telegraph Road
Downey, CA 90240
213 869 2481

RECEIVED

MAY 21 1981

May 19, 1981

McKESSON CHEMICAL CO.
PHOENIX, ARIZONA



Region IX
Hazardous Materials Branch
Environmental Protection Agency
215 Fremont St.
San Francisco, CA 94105

Gentlemen:

Enclosed are closure plan statements covering the following location in your jurisdiction.

| | |
|-----------------|------------------|
| Tucson, AZ | ID# AZD045809019 |
| Los Angeles, CA | ID# CAD020745246 |
| Phoenix, AZ | ID# AZD043848993 |
| Tustin, CA | ID# CAD061601019 |
| Union City, CA | ID# CAD073934903 |

As these figures are approximate, in actuality our branches are instructed to move recyclable material to proper recycling plants as soon as they accumulate the minimum number of drums required by the recycler. In most cases we would not hold the material for 90 days.

We feel this covers our position, but if additional information is required please contact us.

Sincerely,

Bill R. Crumm, Sr.
Assistant Regional Operations Manager

BRC:sw

Closure Plan
Storage Facility

The McKesson Chemical Company Branch located at 4909 W. Pasadena Ave. Phoenix, AZ 85301 is registered as a storage facility. In fact, it is only a point at which the Company accumulates materials received from customers, which might otherwise be deemed hazardous waste, which are destined for transportation to a recycling facility.

This facility will continue to operate for as long as it is deemed economically viable by the Company and so long as its operation is otherwise permitted by applicable law.

All storage of regulated materials will be in approved, portable containers of a capacity of 55 gallons or less. When and if closure occurs, it will be accomplished by transporting all such stored material on hand to an approved recycling or other treatment or disposal facility.

It is presently contemplated that the maximum amount of such material on hand would 50 drums.

It should be possible to complete closure within a maximum period of one week and based on current transportation costs for the estimated maximum amount of material that might be on hand at any one time, the total cost of closure should be approximately \$ 5,000.00.

Since no processing or transfer of this material is contemplated, other than the clean-up of any spill or leak that might conceivably occur (and for which there are contingency plans), no costs for decontamination, monitoring or other such closure procedures should be incurred.

In view of the foregoing, no post closure care would be required for this facility and no post closure plan will be prepared.

McKesson Chemical Company
Foremost-McKesson
Chemical Group
Western Region
9040 Telegraph Road
Downey, CA 90240
213-869-2481



May 19, 1981

Region VI
United States E.P.A.
First International Bldg.
1201 Elm St.
Dallas, TX 75270

Gentlemen:

Enclosed is the closure plan statement covering our Albuquerque Branch
I.D. # NMD080370786.

We feel this covers our position, but if additional information is
required please contact us.

Sincerely,

McKESSON CHEMICAL COMPANY

Bill R. Crumm, Sr.
Assistant Regional Operations Manager

BRC:sw

Closure Plan

Storage Facility

The McKesson Chemical Company Branch located at 121 Dale Ave. S.E. Albuquerque, NM 87102 is registered as a storage facility. In fact, it is only a point at which the Company accumulates materials received from customers, which might otherwise be deemed hazardous waste, which are destined for transportation to a recycling facility.

This facility will continue to operate for as long as it is deemed economically viable by the Company and so long as its operation is otherwise permitted by applicable law.

All storage of regulated materials will be in approved, portable containers of a capacity of 55 gallons or less. When and if closure occurs, it will be accomplished by transporting all such stored material on hand to an approved recycling or other treatment or disposal facility.

It is presently contemplated that the maximum amount of such material on hand would 30 drums.

It should be possible to complete closure within a maximum period of one week and based on current transportation costs for the estimated maximum amount of material that might be on hand at any one time, the total cost of closure should be approximately \$ 3,000.00.

Since no processing or transfer of this material is contemplated, other than the clean-up of any spill or leak that might conceivably occur (and for which there are contingency plans), no costs for decontamination, monitoring or other such closure procedures should be incurred.

In view of the foregoing, no post closure care would be required for this facility and no post closure plan will be prepared.

FOREMOST-MCKESSON CHEMICAL GROUP

CHECKLIST #1 (ALL FACILITIES)

This checklist is to aid in the audit and correction of standards necessary to:

- Maintain a safe and healthful workplace.
- Comply with applicable governmental regulations.
- Promote Foremost-Mckesson's image to our employees, the public, our customers, and our suppliers.
- Assure quality and diminish liability.
- Assure the protection and maintenance of owned and leased equipment, assets and property.
- Control losses related to fire, spills, security and liability.

LOCATION PHOENIX
 INSPECTED BY JOHN GOMEZ
 REVIEWED WITH MIKE RANGO
 DATE 2/17/82

| Standards | | | | | Standards | | | | |
|--|-------|-------------|-------|--|--|-------------|---------|-------|--|
| Below | Meets | Exceeds | N/A | | Below | Meets | Exceeds | N/A | |
| SECTION I. ENTRY AND OFFICE AREA | | | | | | | | | |
| <u>ENTRY</u> | | | | | | | | | |
| 1. McKesson sign | _____ | _____✓_____ | _____ | | 13. Security safeguards functional | _____✓_____ | _____ | _____ | |
| 2. Parking area and driveway condition | _____ | _____✓_____ | _____ | | 14. Lunch rooms | _____✓_____ | _____ | _____ | |
| 3. Front of building appearance | _____ | _____✓_____ | _____ | | SECTION II. RECORDKEEPING/TRAINING/DOCUMENTATION/INSPECTION (Check existence of records through observation and inquiry - note accessibility - encourage questions.) | | | | |
| 4. Landscaping | _____ | _____✓_____ | _____ | | A. <u>DRIVER RECORDS</u> | | | | |
| 5. Walkways | _____ | _____✓_____ | _____ | | 1. Drivers' logs (if required) properly maintained. | _____✓_____ | _____ | _____ | |
| <u>OFFICE AREA</u> | | | | | 2. McKesson tachograph program in place and conducted properly. | _____✓_____ | _____ | _____ | |
| 6. Carpet and floors | _____ | _____✓_____ | _____ | | 3. Drivers' physical exams, road tests and chauffers' licenses current. | _____✓_____ | _____ | _____ | |
| 7. Walls/windows/draperies/blinds | _____ | _____✓_____ | _____ | | B. <u>EMERGENCY</u> | | | | |
| 8. Furniture/Equipment | _____ | _____✓_____ | _____ | | 4. Supervisory personnel familiar with spill reporting requirements of EPA and DOT. | _____✓_____ | _____ | _____ | |
| 9. Lighting | _____ | _____✓_____ | _____ | | 5. Spill control procedures in effect and all spills promptly reported to Region. | _____✓_____ | _____ | _____ | |
| 10. Housekeeping/general appearance | _____ | _____✓_____ | _____ | | | | | | |
| 11. Furnace/air conditioner | _____ | _____✓_____ | _____ | | | | | | |
| 12. Restrooms/locker rooms well maintained and clean | _____ | _____✓_____ | _____ | | | | | | |

COMMENTS: _____

| | Standards | | | |
|---|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 6. Emergency plans complete, written, and current for all potential hazardous incidents of an emergency nature. | — | ✓ | — | — |
| 7. Emergency drills conducted semi-annually (at least) and documented. | ✓ | — | — | — |
| a. Last date conducted <u>7/80</u> | — | — | — | — |
| 8. Emergency telephone numbers posted by each phone; emergency alarm functional. | — | ✓ | — | — |
| 9. B/L or "outside" shipping papers have CHEMREC and current branch emergency telephone numbers. | — | ✓ | — | — |
| 10. Emergency response equipment maintained; stored properly; inspected monthly and documented. | — | ✓ | — | — |
| C. FIRE PROTECTION | | | | |
| 11. Local fire department acquainted with facility and products stored. | — | ✓ | — | — |
| a. Date of last visit (OFFICIAL) <u>5-1/14/80</u> | — | — | — | — |
| 12. Fire extinguishers inspected monthly and documented. | — | — | — | — |
| a. Location(s) diagrammed and posted. | — | — | — | — |
| 13. Automatic sprinkler control valves, air, and water pressure checked weekly. | — | ✓ | — | — |
| 14. Personnel trained and documented in use of fire extinguishers. | ✓ | — | — | — |

D. MAINTENANCE

| | Standards | | | |
|---|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 15. Maintenance records detailed and kept current on trucks, trailers, lift trucks and power sweepers; fleet PM program as in Ops Manual (Ref. 30.40) in effect and current. | — | ✓ | — | — |
| 16. Stationary equipment, i.e., boilers, air conditioners, pumps, repack modules, scales, compressors, conservents, measuring devices, hydrostatic testers, storage tanks, loading racks, etc., on a formal maintenance program and documented. | — | ✓ | — | — |
| 17. Portable equipment, i.e., tools, testing devices, sealers, stencils and marking accessories, etc., cared for and kept in place. | — | ✓ | — | — |
| 18. Supplies and repair parts properly stored and protected. | — | ✓ | — | — |

E. SAFETY

| | | | | |
|---|---|---|---|---|
| 19. OSHA Form 200 (Workplace Injury and Illness Record) posted and current. | — | ✓ | — | — |
| 20. Safety records readily accessible and more than one person knows where filed. | — | ✓ | — | — |
| 21. One person clearly in charge of safety and health activities. | — | ✓ | — | — |
| a. Name of person <u>MIKE BANGU</u> | — | — | — | — |

COMMENTS: B-7 Conduct emergency drill by 4/1/82

C-14 Conduct and document fire extinguisher drill for untrained personnel by 4/1/82

| | Standards | | | |
|---|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 22. Safety Committee designated and functional; meetings monthly (at least) meetings documented. | — | ✓ | 1/27/82 | — |
| 23. One or more employees trained in first aid. | — | ✓ | — | — |
| a. Name(s) <u>ROBERT MITCHELL</u> | — | — | — | — |
| 24. First aid kits fully stocked; inspected weekly and documented. | — | ✓ | — | — |
| 25. A nearby hospital, clinic or infirmary for medical care designated. | — | ✓ | — | — |
| 26. All accidents investigated; remedial action proposed and reported as per Operations Manual. | — | ✓ | — | — |
| 27. Maintenance Lock Out procedures understood and implemented. | — | ✓ | — | — |
| 28. Protective equipment is provided as needed; use is enforced; regular documented inspections made for storage, care and condition. | — | ✓ | — | — |

P. SECURITY

| | | | | |
|---|---|---|---|---|
| 29. Perimeter locks conform to Ops Manual (Sec. 60.01); access to keys restricted; changed as appropriate and documented. | — | ✓ | — | — |
| 30. Keys to vehicles, alarm systems, perimeter locks, etc., issued against receipts and duplicates secured in a locked cabinet. | — | ✓ | — | — |

| | Standards | | | |
|---|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 31. Intrusion alarms tested monthly and documented. | — | ✓ | — | — |
| 32. Partially unloaded rail (box) cars left overnight closed and padlocked. | — | ✓ | — | — |
| 33. Exterior lighting functionally adequate for operations and/or security; connected to timer or electric eye. | — | ✓ | — | — |
| 34. Trucks and trailers secured overnight to protect both contents and vehicles. | — | ✓ | — | — |

G. SHIPPING

| | | | | |
|---|---|---|---|---|
| 35. Shipping papers comply with DOT requirements for regulated chemicals, correctly identifying and describing hazardous materials (including hazardous classes, RQ notations, and UN numbers). | — | ✓ | — | — |
| 36. DOT exemptions (if required) on file and properly noted on containers and shipping papers. | — | ✓ | — | — |
| 37. C.O.D. procedures in compliance with Ops Manual (Sec. 60.01). Locked drop box in use. | — | ✓ | — | — |

H. TRAINING

| | | | | |
|--|---|---|---|---|
| 38. Safety and health training provided (and documented) for all employees requiring such training, i.e., repackers, lifttruck operators, drivers, warehouse personnel, etc. | — | ✓ | — | — |
| a. All planned meetings documented. | — | ✓ | — | — |

COMMENTS: _____

| | Standards | | | |
|---|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 39. All persons involved in the handling of chemical products understand the toxic and physical hazards of such products. | — | ✓ | — | — |
| 40. Responsible person(s) understand and implement proper procedures in handling and offering for disposal both empty non-hazardous and hazardous containers. | — | ✓ | — | — |
| 41. All persons are fully trained and documented in all appropriate aspects of the job they perform. | — | ✓ | — | — |
| 42. Defensive driving classes conducted annually and documented. | — | ✓ | — | — |
| 43. Forklift operators trained and given operators' certificates. | — | ✓ | — | — |
| 44. Respiratory equipment (respirators, gas masks, self-contained air packs, hose supplied face masks, emergency escape breathing devices, etc.): | | | | |
| a. Personnel trained and documented in the use, care, and fitting for each type used. | — | ✓ | — | — |
| b. Written procedures for each type available to personnel. | — | ✓ | — | — |
| c. Inspected monthly and documented. | — | ✓ | — | — |
| d. Cleaning, repairs, disposal and replacements when needed, are promptly and properly done. | — | ✓ | — | — |

I. WASTE

45. If hazardous waste (H/W) generated or stored:
- a. H/W stored only in designated area (as shown on application) in proper containers, properly marked, properly contained, and under environmentally acceptable conditions.
 - b. Weekly inspection of H/W containers and documented.
 - c. Personnel handling H/W trained and documented on such handling.
 - d. Records current on all H/W movement, receipt, storage, disposal, and reporting.
 - e. Branch properly registered for specific wastes handled.
 - f. Hazardous wastes not mixed with non-hazardous wastes or other products.
 - g. Waste analysis on hand for all waste streams stored.
 - h. H/W manifests comply with RCRA/DOT.
 - i. Initial shipments of different H/W to disposal or recycling first cleared with Regional RCRA coordinator.

| | Standards | | | |
|---|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| a. H/W stored only in designated area (as shown on application) in proper containers, properly marked, properly contained, and under environmentally acceptable conditions. | — | ✓ | — | — |
| b. Weekly inspection of H/W containers and documented. | — | ✓ | — | — |
| c. Personnel handling H/W trained and documented on such handling. | — | ✓ | — | — |
| d. Records current on all H/W movement, receipt, storage, disposal, and reporting. | — | ✓ | — | — |
| e. Branch properly registered for specific wastes handled. | — | ✓ | — | — |
| f. Hazardous wastes not mixed with non-hazardous wastes or other products. | — | ✓ | — | — |
| g. Waste analysis on hand for all waste streams stored. | — | ✓ | — | — |
| h. H/W manifests comply with RCRA/DOT. | — | ✓ | — | — |
| i. Initial shipments of different H/W to disposal or recycling first cleared with Regional RCRA coordinator. | — | ✓ | — | — |

COMMENTS:

| | Standards | | | |
|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 46. As applicable, branch has received proper EPA identification number(s) as H/W transporter, generator, or T/S/D facility. | — | ✓ | — | — |
| 47. If a permitted T/S/D facility: | | | | |
| a. Emergency plans comply with EPA requirements. | — | ✓ | — | — |
| b. Closure plans prepared and readily available. | — | ✓ | — | — |
| c. "Danger - Unauthorized Personnel Keep Out" signs posted on gates (entry). | — | ✓ | — | — |
| d. Documentation showing emergency plans, layout, etc., submitted to local emergency services. | — | ✓ | — | — |
| e. Facility management understands RCRA requirements and responsibilities for proper handling of hazardous wastes. | — | ✓ | — | — |
| f. Job description for personnel handling H/W prepared and on hand. | — | ✓ | — | — |
| g. Operations (inspection) log per RCRA requirements maintained and current. | — | ✓ | — | — |
| 48. There is a general awareness and effort to minimize wastes generated at this facility. | — | ✓ | — | — |

49. Material held pending freight claim in protected and compatible storage; disposition of claim not unduly long; freight claim procedures follow Ref. 40.10 in Operations Manual.

J. MISCELLANEOUS

50. Bulletin board adequate and well organized.
51. Company rules, General Safety Policy, Vehicle Safety Practice, evacuation diagram, OSHA and other state and federal posters prominently displayed where all employees are likely to see them.
52. Current Material Safety Data Sheets on hand for all products stored at branch.
53. Operations Manual kept current and available to all personnel needing it as a resource in performing their job functions.
- a. Other manuals in use, i.e., Dow Stewardship, duPont Rhythm, DOT Tariff, etc., kept current and readily available as reference.
54. Personnel aware of procedures to follow if visited by government inspector.
55. Roof inspected annually.
- a. Date of last inspection 11/81

| | Standards | | | |
|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| | — | ✓ | — | — |
| | — | ✓ | — | — |
| | — | ✓ | — | — |
| | — | ✓ | — | — |
| | — | ✓ | — | — |
| | — | ✓ | — | — |
| | — | ✓ | — | — |

COMMENTS:

| | Standards | | | |
|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 56. Procedures, storage and dispensing of fuels (LP gas, gasoline, diesel) in accordance with standards. | — | ✓ | — | — |
| 57. Tank trucks/trailers inspected and tested in compliance with DOT par. 173.33 and 177.824. | — | ✓ | — | — |
| "Good Manufacturing Practices" (GMP) as outlined in Operations Manual Ref. 40.62 in effect. | — | ✓ | — | — |
| 59. Facility management personnel familiar with DOT Accident Reporting Regulations as outlined in Ref. 30.61 in Operations Manual. | — | ✓ | — | — |
| 60. Results of most recent security, insurance, government, etc., inspections available; positive action completed or initiated. | — | ✓ | — | — |

SECTION III. WAREHOUSE/DOCK

| | | | | |
|---|---|---|---|---|
| 1. McKesson compatibility storage and coding program in place and properly implemented. | — | ✓ | — | — |
| Truck/rail dock plates kept in serviceable condition and secured to prevent slipping when in use. | — | ✓ | — | — |
| 3. Dock bumpers in serviceable condition. | — | ✓ | — | — |
| 4. Chocks available and used to prevent truck movement when lift trucks enter. | — | ✓ | — | — |

| | Standards | | | |
|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 5. Warning signs posted that chocks must be used and lift trucks must be clear of truck and dockboard before removing. | — | ✓ | — | — |
| 6. Disconnected trailer supported under the nose against frame (not floor) when loading or unloading. | ✓ | — | — | — |
| 7. Staging or make up area set aside and utilized. | — | ✓ | — | — |
| 8. Safety shower/eyewash (if any on dock) in proper condition and unobstructed. | — | — | — | ✓ |
| 9. "No Smoking" and safety signs prominently posted and adhered to. | — | ✓ | — | — |
| 10. Housekeeping neat and orderly. | — | ✓ | — | — |
| 11. Balcony/mezzanine used for storage marked as to load capacity - has rails and toe board. | — | — | — | ✓ |
| 12. Sufficient exits offer egress to the street. | — | ✓ | — | — |
| 13. All exits unobstructed and marked with a properly illuminated sign and kept unlocked while people at work. (OSHA 1910.37(q) - "Every exit sign shall be suitably illuminated by a reliable light source giving a value of not less than 5 foot-candles on the illuminated surface".) | ✓ | — | — | — |
| 14. Lighting adequate. | — | ✓ | — | — |

COMMENTS: IT-6 TRAILERS CURRENTLY SUPPORTED WITH PALLET - WILL PURCHASE SUPPORTS BY

6-1-82 - NOTIFY REGION OPERATIONS AFTER SECURING PRICE FOR SUPPORTS BY 4/1/82

IT-13 EXIST SIGN ABOVE WARE. DOOR TO LOADING DOCK NOT WORKING - REPAIR BY 2/26/82

| | Standards | | | |
|---|------------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 15. Switches and switch panels clearly marked and unobstructed. | <u>N/A</u> | ✓ | — | — |
| 16. Inventory stacked neatly and orderly. | — | ✓ | — | — |
| 17. USP and Food items in segregated storage. | — | ✓ | — | — |
| 18. Food and USP items on clean dedicated pallets. | — | ✓ | — | — |
| 19. Products stored away from walls (minimum 4"). | — | ✓ | — | — |
| 20. Aisleways marked. | — | — | ✓ | — |
| 21. No pallets or products stored in aisleways. | — | ✓ | — | — |
| 22. No evidence of leakage or broken bags remaining. | — | ✓ | — | — |
| 23. Storage of broken containers on freight claim protected and compatible. | — | ✓ | — | — |
| 24. No evidence of poor sanitation - dirt or rodent droppings. | — | ✓ | — | — |
| 25. Floors free from buildup of tire rubber, oil or grease, chemical spills or condensate. Sand used for traction (clay used only to absorb puddles and promptly swept up). | — | ✓ | — | — |
| 26. Pallet rack properly utilized with no evidence of overload and marked as to capacity allowed. | — | ✓ | — | — |

| | Standards | | | |
|---|------------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 27. Pallet racks in good condition and secure. | — | ✓ | — | — |
| 28. Battery charger area well ventilated and away from open lights or other ignition sources. | — | — | — | ✓ |
| 29. Forklifts, sweepers, other equipment have good appearance; no oil leaking; forklift capacity marked on the machine. | ✓ | — | — | — |
| 30. Overhead racks in place on forklifts. | — | ✓ | — | — |
| 31. Forklift equipped with fully charged fire extinguisher. | ✓ | — | — | — |
| 32. Fire extinguishers mounted in readily accessible locations throughout the warehouse; adequate number and type. | — | ✓ | — | — |
| 33. Signs provided high above the stock to point out the location of fire extinguishers, hoses, etc. | ✓ | — | — | — |
| 34. Fire doors, extinguishers and fire hoses unobstructed. | — | ✓ | — | — |
| 35. Extinguishers tagged showing recharge date, maintenance, initials, etc. | <u>N/A</u> | ✓ | — | — |
| 36. Automatic sprinkler weekly check on control valves, air and water pressure documented on chart at location. | — | ✓ | — | — |
| 37. Adequate clearance maintained below sprinkler heads. | — | ✓ | — | — |

COMMENTS: III-29 STENCIL WEIGHT CAPACITY ON ALL FORKLIFTS - IMMEDIATELY

III-31 ONE FORKLIFT ~~NOT~~ EQUIPPED WITH UNCHARGED FIRE EXTINGUISHER - RECHARGE BY 3/5/82

III-33 INSTALL FIRE EXTINGUISHER SIGNS IN BACK DOCK - BY 4/1/82

| | Standards | | | |
|---|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 38. Warm room properly utilized and heat and exhaust fan functioning properly; door properly seals. | — | ✓ | — | — |
| 39. Walls, trusses, and supports (especially metal buildings) are kept free of dust and forklift/pallet impact. | — | ✓ | — | — |
| Wall and ceiling insulation (if any) in place and neat. | — | — | — | ✓ |
| 41. Truck and/or rail door seals in good repair. | — | — | — | ✓ |
| 42. Box cars cleaned after emptying. | — | — | — | ✓ |
| 43. Rail cars properly chocked when entering with lift truck. | — | — | — | ✓ |
| 44. Trash barrels emptied daily. | — | ✓ | — | — |
| 45. Portable electric tools grounded or double insulated. | — | ✓ | — | — |
| 46. Wall and ceiling vents are wire covered to prevent entry of birds and rodents. | — | ✓ | — | — |

IV. YARD

| | | | | |
|---|---|---|---|---|
| 1. Ramp in safe condition, free of grease, ice, etc; rails OK. | — | ✓ | — | — |
| 2. Siding kept clean of spilled chemicals or sweepings from box cars. | — | ✓ | — | — |
| 3. Track and rail bed maintained; straight with ample ballast; good drainage. | — | ✓ | — | — |

| | Standards | | | |
|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 4. Sprinkler (outside) shutoff valves locked open. | — | ✓ | — | — |
| 5. Waste receptacle (used for periodic trash removal) away from building or flammable products where possible spontaneous combustion can spread; not used for hazardous waste. | — | — | ✓ | — |
| 6. No accumulation of junk, old drums, trash, etc. | — | ✓ | — | — |
| 7. Products and empty drums stacked in a neat, orderly and compatible manner at a safe height; surplus and broken pallets segregated and stacked neatly. | — | ✓ | — | — |
| 8. Compressed gas cylinders secured in an upright position; protected from sun and away from flammables. | — | ✓ | — | — |
| 9. (In snow areas) storage arranged for best access of snow removal equipment. | — | — | — | ✓ |
| 10. Condition of pavement (pot holes, settling, etc.) | ✓ | — | — | — |
| 11. Unpaved portion of yard free of weeds, standing water. | — | ✓ | — | — |
| 12. Condition of fence (free of holes, standing straight; no evidence of entry; gates easy to operate). | ✓ | — | — | — |
| 13. No containers or pallets stored near enough to the fence to allow their use for attempted entry or exit to yard. | ✓ | — | — | — |

COMMENTS: IV-10 SUBMIT A193 UPON PROJECTIONS APPROVAL FOR REPAIR OF ASPHALT HOLES - BY 4/1/82

IV-12 SECURE COSTS FOR REPAIR OF FENCING ALONG RAIL YARD - BY 4/1/82

IV-13 DRUMS STORED NEAR FENCE ON SOUTH SIDE OF YARD (BY WASH AREA) REMOVE BY 7/1/82

| | Standards | | | |
|---|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 14. Fuel pump locked when not in use. | — | ✓ | — | — |
| 15. Flammable drums stored in quantity groups per OSHA maximums; away from buildings and truck traffic. | — | ✓ | — | — |
| 16. Appearance of drums and labels; no evidence of leakers. | — | ✓ | — | — |
| 17. No evidence of spillage that might result in EPA or other regulatory censure. | — | ✓ | — | — |
| 18. "No Smoking" and other safety signs prominently displayed. | — | — | ✓ | — |
| 19. Pallets in service in good condition. | — | ✓ | — | — |
| 20. "No Trespassing" signs posted. | — | ✓ | — | — |
| 21. Hazardous waste products held pending removal to disposal site or to be recycled neatly contained; isolated from other product storage; no evidence of leakage; containers properly marked. | — | ✓ | — | — |
| 22. No evidence of unmarked containers which may need analysis for identification. | — | ✓ | — | — |
| 23. Recovery (salvage) drums not used for purposes other than handling leaking drums; stored upside down to prevent collection of water. | — | ✓ | — | — |
| 24. During unloading or hook-up rail cars and chocked (with brakes set); derails and warning signs used. | — | — | ✓ | — |

| | Standards | | | |
|---|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 25. Unloading platforms safely located (and protected from accidental collision); structurally sound; mechanically safe and properly operating; clean, neat; has hand rails, toe boards, etc. | — | ✓ | — | — |
| 26. Outside truck dockpits: | | | | |
| a. Free of standing water. | — | — | — | ✓ |
| b. Drain (sump pump) functions. | — | — | — | ✓ |
| c. Dockboards, bumpers, and ladders in good condition. | — | — | — | ✓ |
| d. Safety requirements (chocks, handrails, signs, etc.) in evidence. | ✓ | — | — | ✗ |
| 27. Surface drainage sumps clean and functioning. | — | ✓ | — | — |

SECTION V. TRANSPORTATION

| | | | | |
|--|---|---|---|---|
| 1. Tractor appearance clean inside; paint and signs in good condition; upholstery not torn, etc. | ✓ | — | — | — |
| 2. Straight trucks (including panel trucks and pick-ups) clean inside; paint and signs in good condition; mudguards, no holes in floor, etc. | — | ✓ | — | — |
| 3. Tachographs and speedometer on all motor units in place and functioning. | — | ✓ | — | — |
| 4. Tractors and trucks carry fully charged fire extinguishers - 10 lb. BC type. | ✓ | — | — | — |

COMMENTS: IV-26 INSTRUCT PERSONNEL TO CHECK WHEELS ON BULK CARRIER TRUCKER
DURING FILLING OPERATION IMMEDIATELY; V-1 CLEAN INSIDE OF CAB AND REPAIR
SEAT CUSHIONS ON TRUCK # 770865; V-4 INSPECT & DOCUMENT TRUCK FILE MAINTENANCE

| | Standards | | | |
|---|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 5. CHEMREC is posted on dash or inside door. | — | ✓ | — | — |
| 6. Other emergency equipment - spare fuses, warning devices, etc. | — | ✓ | — | — |
| 7. Sleeper cab clean and orderly. | — | — | — | ✓ |
| Trailer appearance: side racks and van sides in no need of repair; no holes in floor; paint and signs in good condition; mudguards in place; adequate placard holders, etc. | ✓ | — | — | — |
| 9. Tank trailers, tank wagons and cargo tanks (portable and skid) appearance good; insulation ok; have no protuberances extending beyond overturn protection; certification plate in place. | — | ✓ | — | — |
| a. Test date shown on tank(s) SOLVENT TANKER 10/1/79 CHLORINE TANKER 9/80 | — | — | — | — |
| 10. Lift gates maintained and in good operating condition. | — | ✓ | — | — |
| T/T hoses capped and frequently inspected for signs of deterioration. | — | ✓ | — | — |
| 12. Tires meet minimum tread depths (front 1/8", rear 1/16"). | ✓ | — | — | — |
| 13. McKesson decals and ID number on all units and in good condition. | ✓ | — | — | — |

V-8 Side Racks on TRAILER # F-777085
EXTEND BEYOND LEGAL WIDTH LIMITS.
CORRECT BY 2/26/82

V-12 RIGHT-INSIDE TIRE ~~SMOOTH~~ ONLY
TRAILER # F-777430 - REPLACE
BY 2/26/82

V-13 STENCIL MCKESSON EQUIPMENT NUMBER
ON UNITS # 771542 & 773892 BY 2/26/82

FOREMOST-MCKESSON CHEMICAL GROUP

CHECKLIST #2 FOR ALL LIQUID REPACK FACILITIES

This checklist is to aid in the audit and correction of standards necessary to:

- Maintain a safe and healthful workplace.
- Comply with applicable governmental regulations.
- Promote Foremost-Mckesson's image to our employees, the public, our customers, and our suppliers.
- Assure quality and diminish liability.
- re the protection and maintenance of owned and leased equipment, assets and property.
- rol losses related to fire, spills, security and liability.

LOCATION

Phoenix

INSPECTED BY

JOHN GOMEZ

REVIEWED WITH

MIKE BAU30

DATE

2/18/82

| | Standards | | | |
|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| SECTION I. GENERAL RECORDKEEPING/CONTROL | | | | |
| 1. Repack Instruction Sheet (RIS) | | | | |
| a. Program properly implemented. | ___ | ___ | ___ | ✓ |
| b. RIS sheets on hand for all products and package sizes and grades repacked. | ___ | ___ | ___ | ✓ |
| c. File of past sheets retained for documentation. | ___ | ___ | ___ | ✓ |
| d. Comments from repack operator followed up and noted on RIS sheet. | ___ | ___ | ___ | ✓ |
| Written procedures on hand and readily available to all personnel for all repack processes, including bulk loading and unloading, washing, drumming, bagging, etc. | ___ | ✓ | ___ | ___ |
| 3. Each fill run inspected and signed off by supervisor or designate on job ticket prior to releasing to stock or shipment. | ___ | ✓ | ___ | ___ |

| | Standards | | | |
|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 4. Chemical transfer hoses of proper type for service and identified, inspected monthly and documented. | ___ | ✓ | ___ | ___ |
| 5. Repacking branches/production facilities are packaging only those products for which Home Office authorization is given. | ___ | ✓ | ___ | ___ |
| 6. Label order control; stock levels; disposal and storage of labels in accordance with Ops Manual (Sec. 20.30); only approved labels used. | ___ | ✓ | ___ | ___ |
| 7. USP/FCC production/repack in compliance with FDA and State standards, including lot control and recordkeeping as well as dedication of equipment. | ___ | ___ | ___ | ✓ |
| 8. Repack samples obtained (and retained) as per Ops Manual (Sec. 20.20). Written sample procedures (differing from above) provided and followed for dry repack, USP/FCC items, etc. | ___ | ✓ | ___ | ___ |

COMMENTS:

| | Standards | | | |
|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 9. Supervisor checks procedures, hook-up, labels, stencils, containers, exhaust system, and protective equipment before authorizing "go ahead" on fill run; inspects each fill run before signing job ticket and releasing to stock. | — | ✓ | — | — |
| 10. Scales check tested before daily use and certified within past six months. | — | ✓ | — | — |
| a. Test date(s) <u>2/8/82</u> | — | — | — | — |
| 11. At least two people <u>always</u> in attendance during repack, bulk loading or unloading; no repack, loading or unloading, is ever left unattended. | — | ✓ | — | — |
| 12. Returnable containers in adequate supply. | — | ✓ | — | — |
| 13. Air driers, conservents, filters, emergency relief valve(s) properly functioning and periodically inspected and documented. | — | ✓ | — | — |
| 14. If a neutralization pit at facility: | — | — | — | — |
| a. Disposal records properly maintained and initialed by supervisor. | — | ✓ | — | — |
| b. Commercial analysis of typical batch maintained for possible regulatory review. | — | ✓ | — | — |

| | Standards | | | |
|---|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| c. Personnel understand <u>only</u> specific authorized compatible chemicals may be released to pit. | — | ✓ | — | — |
| d. Only supervisor authorizes release of material to sewer after confirming neutralization. | — | ✓ | — | — |
| 15. When compressed air is used to unload T/T or T/C, written procedures are in effect and adhered to. | — | ✓ | — | — |
| 16. Empty T/T or T/C unloaded by compressed air is depressurized slowly under control (except compressed gases). | — | ✓ | — | — |
| 17. When pressurized with compressed air, T/T or T/C is not allowed to remain under pressure when not attended (except compressed gases). | — | ✓ | — | — |
| 18. T/C and storage tanks are disconnected when not attended. | — | ✓ | — | — |
| 19. McKesson Lot Number procedure in effect. | — | ✓ | — | — |
| 20. Proper controls in effect to account for revenue from sales of used drums, scrap metal, and scrap valves. | — | ✓ | — | — |

COMMENTS:

II. PHYSICAL LAYOUT/EQUIPMENT

| | Standards | | | |
|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 1. Area around shelter clear for emergency egress. | — | ✓ | — | — |
| Shelters maintained, clean and organized; corrosive shelter floors coated for protection. | — | ✓ | — | — |
| 3. Ventilation adequate to minimize fume build-up or concentration. | — | ✓ | — | — |
| 4. Safety shower and eye wash facilities functioning and unobstructed in shelter. | — | ✓ | — | — |
| 5. Electrical switches/panels clearly marked and unobstructed. | — | ✓ | — | — |
| 6. All electrical receptacles properly covered. | — | ✓ | — | — |
| 7. Switches and junction boxes located away from wet or damp places or safety showers and faucets. | — | ✓ | — | — |
| Conduit securely attached to supports and outlet boxes away from walking areas. | — | ✓ | — | — |
| 9. No flexible or extension cords used as permanent wiring. | — | — | — | ✓ |
| 10. No extension cords frayed or spliced. | — | — | — | ✓ |

| | Standards | | | |
|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 11. Extension cords (and receptacles) three-prong type. | — | ✓ | — | — |
| 12. (In Flammable Solvent area) electrical equipment of type Class I Group D (explosion proof) in good condition (no cord appliances); spark-proof tools used. | — | ✓ | — | — |
| 13. Grounding system in acceptable condition utilizing 8' copper rod or water line; connections tight and continuous; clamps tight and positive. | — | ✓ | — | — |
| 14. Grounding system being used properly. | — | ✓ | — | — |
| 15. Modules (automatic fill control units) fully operable and maintained in good condition. | — | ✓ | — | — |
| 16. Exhaust fans, fume hoods and vent hose operable and appear in good condition. | — | ✓ | — | — |
| 17. Conveyors stable and maintained. | — | — | ✓ | — |
| 18. Test weights on hand for daily check test of scale(s). | — | ✓ | — | — |
| 19. Draining of transfer hose and module controlled into containers and not into dike area. | — | ✓ | — | — |
| 20. Returnable containers filled from a "ready" pile of pre-washed/inspected containers. | — | ✓ | — | — |

COMMENTS:

| | Standards | | | |
|---|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 21. No large backlog of containers to be washed. | — | ✓ | — | — |
| 22. Neutralization pit covered or has a safety rail. | — | ✓ | — | — |
| 23. Pit liner in good condition with no evidence of seepage or leaking. | — | ✓ | — | — |
| 24. Means of adding neutralizing solution adequate and safe. | — | ✓ | — | — |
| 25. All closures properly inspected when washed. | — | ✓ | — | — |
| 26. "Weep holes" cleaned and bottoms inspected on composite drums. | — | ✓ | — | — |
| 27. Ventilation/exhaust at wash rack adequate to protect employee from fumes. | — | ✓ | — | — |
| 28. Tank storage areas adequately diked. | — | ✓ | — | — |
| 29. Dike in good condition without cracks or open outlets; drain valves closed. | — | ✓ | — | — |
| • Product storage within dike compatible. | — | ✓ | — | — |
| 31. No evidence of line and hose drainage; or dripping from valves. | — | ✓ | — | — |
| 32. Walkways and stiles provided to avoid stepping on pipes. | — | ✓ | — | — |

| | Standards | | | |
|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 33. Discharge pipes of storage tanks terminate inside dike. | — | — | ✓ | — |
| 34. Pipe lines and tanks identified. | — | — | ✓ | — |
| 35. No lines exposed to freezing that cannot be drained. | — | ✓ | — | — |
| 36. Storage tanks neat appearing and maintained. | — | — | ✓ | — |
| 37. Storage tank measurement gauges properly functioning. | — | — | ✓ | — |
| 38. Metal tanks all statically grounded. | — | ✓ | — | — |
| 39. Tank ladders above 18 ft. caged. | — | — | — | ✓ |
| 40. Heated tanks function with complete insulation; temperature gauges. | — | — | ✓ | — |
| 41. Venting presents no problem of toxic concentration, odor or visible plume which might result in EPA censure. | — | ✓ | — | — |
| 42. Heat sources compatible for area and safety devices frequently checked. | — | ✓ | — | — |
| 43. Fixed lines run from T/T or T/C to shelter for all direct filling of hazardous materials. | — | ✓ | — | — |
| 44. Exhaust scrubbers functioning properly. | — | ✓ | — | — |

COMMENTS:

| | Standards | | | |
|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 45. Pumps appear maintained; no indication of base corrosion-seal leakage; motor clean. | — | ✓ | — | — |
| 46. Transfer hoses capped when not in use. | — | ✓ | — | — |
| Inbound driver warning/instructional signs posted at fill lines. | ✓ | — | — | — |
| 48. Paints and thinners stored safely. | — | ✓ | — | — |
| 49. Spray paint booth and equipment is proper and adequate; exhaust system functions; no undue buildup of paint overspray. | — | ✓ | — | — |
| 50. Air receiver drained of condensate periodically and examined; safety valve functional; air filter regularly cleaned. | — | ✓ | — | — |
| 51. Safety guard on compressor belts and sign "Caution - This Machine Starts Automatically" mounted in or beside compressor. | — | ✓ | — | — |
| 52. New and recovered containers to be used for repack properly stored on side or upside down with plugs tightened. | — | ✓ | — | — |

| | Standards | | | |
|---|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 53. Dike wall and floor in corrosive shelter not heavily etched; rinse-off hose fitted with soaker type nozzle used to wash off drips by deluging rather than spraying. | — | ✓ | — | — |
| 54. Storage of protective clothing adequate, neat and proper. | — | ✓ | — | — |
| 55. Safety equipment: | | | | |
| a. Readily accessible. | — | ✓ | — | — |
| b. Protected (sheltered). | — | ✓ | — | — |
| c. Clean and maintained. | — | ✓ | — | — |
| 56. Loading/unloading platforms in good functioning condition; protected from moving vehicles; handrails and toe boards in place, uncluttered and organized. | — | ✓ | — | — |

COMMENTS: Item 47 PURCHASE AND INSTALL TRUCK DRIVER WARNING SIGNS AT SOLVENT AND ACID ^{UNLOADING} AREAS, ALSO MAKE WHEEL CHOCKS AVAILABLE - SIGNS TO READ:

"CHECK WHEELS BEFORE LOADING OR UNLOADING"

"DRIVER MUST ATTEND VEHICLE AT ALL TIMES WHILE LOADING OR UNLOADING"

"WEAR SAFETY EQUIPMENT WHEN LOADING OR UNLOADING"

341 11/15/81

FOREMOST-MCKESSON CHEMICAL GROUP

CHECKLIST #3 FOR ALL COMPRESSED GAS REPACK FACILITIES

This checklist is to aid in the audit and correction of standards necessary to:

Maintain a safe and healthful workplace.

Comply with applicable governmental regulations.

Protect Foremost-McKesson's image to our employees, the public, our customers, and our suppliers.

Assure quality and diminish liability.

Assure the protection and maintenance of owned and leased equipment, assets and property.

Control losses related to fire, spills, security and liability.

LOCATION PHOENIX

INSPECTED BY JOHN GONIER

REVIEWED WITH MIKE BARGO

DATE 2/18/82

| | Standards | | | |
|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| SECTION I. GENERAL RECORDKEEPING/TRAINING/DOCUMENTATION | | | | |
| 1. Tank car disconnected during non-working hours. | ___ | ___ | ___ | ✓ |
| 2. Compressed gas piping system depressured at night. | ___ | ✓ | ___ | ___ |
| 3. Finished tons/cylinders held for quarantine period (24 hrs.) and valves leak tested before releasing for shipment. | ___ | ✓ | ___ | ___ |
| 4. Tons/cylinders determined for destruction immediately segregated, marked; serial numbers and symbols recorded and then obliterated by grinding off. | ___ | ✓ | ___ | ___ |
| 5. Empty containers in sufficient supply. | ___ | ✓ | ___ | ___ |
| 6. All sniff solution (including manufacturing of bleach) sampled and tested safely and according to procedures. | ___ | ✓ | ___ | ___ |

| | Standards | | | |
|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 7. Disposition of sniff solution in compliance with RCRA. | ___ | ✓ | ___ | ___ |
| 8. Calibrated cylinder used each time before hydrostatic testing and documented. | ___ | ✓ | ___ | ___ |
| 9. Registration of hydrostatic equipment current. | ___ | ✓ | ___ | ___ |
| a. Last date <u>1/21/82</u> | ___ | ___ | ___ | ___ |
| 10. Employee(s) authorized to perform testing and "new facility manager notifications" are current with DOT. | ___ | ✓ | ___ | ___ |
| 11. Compressed gas pamphlets C-1 and C-6 available in supervisor's office. | ___ | ✓ | ___ | ___ |

| | Standards | | | |
|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| 12. Compressed gas packaging procedure is in compliance with approved written procedure which is accessible to operating employees and periodically reviewed with operators. | — | ✓ | — | — |
| a. Last date reviewed <u>9/23/81</u> | — | — | — | — |
| 13. No inadvertent gas release since previous audit (if so, detail below). | — | ✓ | — | — |
| a. All releases investigated and preventative action taken. | — | ✓ | — | — |
| 14. Emergency alarm installed and functioning. | — | ✓ | — | — |
| 15. Personnel provided with and carry mouth-bit respirators. | — | ✓ | — | — |
| 16. Chlorine emergency response team: | | | | |
| a. Personnel identified and trained. | — | ✓ | — | — |
| b. Understand program and responsibilities. | — | ✓ | — | — |
| c. Chlorine emergency equipment readily accessible and maintained. | — | ✓ | — | — |
| d. Telephone alert system in effect. | — | ✓ | — | — |

| | Standards | | | |
|---|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A |
| e. Each "call-out" properly written up and critiqued. | — | ✓ | — | — |
| f. Periodic "refresher" training provided. | — | ✓ | — | — |
| Last date <u>9/23/81</u> | — | — | — | — |

SECTION II. GENERAL - ALL COMPRESSED GASES - PLANT INSPECTION

| | | | | |
|---|---|---|---|---|
| 1. Empty cylinders awaiting processing banded (pallets) or secured. | — | ✓ | — | — |
| 2. Eye protection worn by operating employees. | — | ✓ | — | — |
| 3. "Heavies" set aside for later evacuation and/or testing of contents. | — | ✓ | — | — |
| 4. All evacuated devalved tons/cylinders inspected internally with a light. | — | ✓ | — | — |
| 5. Pressure/vacuum gauge operational at evacuation station(s). | — | ✓ | — | — |
| 6. Sniffing/devalving operations safe and deliberate; manual devalving requires non-slip floor and tight wrenches to protect from back injury or strains. | — | ✓ | — | — |
| 7. Only minimum exposure to atmosphere allowed before plugging or valve insertion. | — | ✓ | — | — |

| | Standards | | | | | Standards | | | |
|---|-----------|-------|---------|-----|--|-----------|-------|---------|-----|
| | Below | Meets | Exceeds | N/A | | Below | Meets | Exceeds | N/A |
| 8. Cylinders are inverted to remove scale, inspect foot rings; bottoms repainted as required. | ___ | ✓ | ___ | ___ | 20. Forklift and hoist handling of tons/cylinders noted to be deliberate and safe. | ___ | ✓ | ___ | ___ |
| 9. pressure air at valve-repair bench. | ___ | ✓ | ___ | ___ | 21. Proper labels are securely attached. | ___ | ___ | ✓ | ___ |
| 10. Each rebuilt valve tested @ 500 PSIG with dry nitrogen. | ___ | ✓ | ___ | ___ | 22. Containers ready to be shipped neat appearing. | ___ | ___ | ✓ | ___ |
| 11. Old valve cleaning solutions discarded properly. | ___ | ✓ | ___ | ___ | 23. Spraying with solvent based paints indoors done only at spray booth. | ___ | ✓ | ___ | ___ |
| 12. No backlog of valves requiring rebuilding. | ___ | ✓ | ___ | ___ | 24. Area neat; no evidence of corrosion to buildings or equipment. | ___ | ✓ | ___ | ___ |
| 13. New and scrap brass valves properly stored secure from theft. | ___ | ✓ | ___ | ___ | 25. Safety signs in place. | ___ | ✓ | ___ | ___ |
| 14. Cylinders awaiting processing, held for repair or scrap, ready to ship or stored, are properly restrained from falling. | ___ | ✓ | ___ | ___ | 26. All cylinders awaiting processing or repair are capped, plugged or have a valve inserted to protect interior from corrosion. | ___ | ✓ | ___ | ___ |
| 15. /cylinders are properly secured on trucks and trailers in compliance with DOT. | ___ | ✓ | ___ | ___ | 27. Windsock in place. ? | ✓ | ___ | ___ | ___ |
| 16. No backlog of tons/cylinders requiring testing. | ___ | ✓ | ___ | ___ | 28. Ton/cylinders wash or clean out station properly ventilated; exhaust system functioning and adequate; wash lances and other equipment in good order. | ___ | ✓ | ___ | ___ |
| 17. All lines color coded. | ___ | ✓ | ___ | ___ | 29. Boilers in good order; safety valves functioning properly; inspections made weekly and documented. | ___ | ___ | ___ | ✓ |
| 18. Mechanical equipment appears to be cared for and operating. | ___ | ✓ | ___ | ___ | 30. Ton/cylinders ready to ship have bonnet securely in place with no mis-matched or worn threads. | ___ | ✓ | ___ | ___ |
| 19. No backlog of cylinders requiring repair. | ___ | ✓ | ___ | ___ | | | | | |

II-27 NO WINDSOCK IN PLACE! CONTACT KEN WILKES AT UNION CITY BRANCH FOR PURCHASE PRICE AND SUPPLIER INFORMATION BY 3/19/82 - CONTACT REGION OPERATIONS BEFORE PURCHASE

SECTION III. CHLORINE - PLANT INSPECTION

| | Standards | | | |
|--|-----------|-------|---------|-------|
| | Below | Meets | Exceeds | N/A |
| 1. All cylinders are evacuated. | _____ | ✓ | _____ | _____ |
| 2. All ton/cylinder valves replaced each trip with new or rebuilt valves which have been retested. | _____ | ✓ | _____ | _____ |
| 3. Only bronze braid hose or copper tubing used for filling; no crimping of hose or tubing. | _____ | ✓ | _____ | _____ |
| 4. Vacuum pulled on container prior to filling. | _____ | ✓ | _____ | _____ |
| 5. Containers overfilled and sniffed back to net weight per procedure. | _____ | ✓ | _____ | _____ |
| 6. Containers properly stenciled "CHLORINE" neatly in 2" letters. | _____ | ✓ | _____ | _____ |
| 7. Driers properly functioning; no evidence or report of chlorine entry indicating defective check valves. | _____ | ✓ | _____ | _____ |
| 8. Only dry air used for padding, clear lines, etc. | _____ | ✓ | _____ | _____ |
| 9. No discernible chlorine odor indicating leakage. | _____ | ✓ | _____ | _____ |

BULK CHLORINE FACILITIES ONLY

| | Standards | | | |
|--|-----------|-------|---------|-------|
| | Below | Meets | Exceeds | N/A |
| 1. Tank truck angle valves are replaced with rebuilt and tested valves once/week or every 5th trip, whichever comes first. | _____ | ✓ | _____ | _____ |
| 2. Trailers are properly equipped with air pack(s) and chlorine safety kit "C". | _____ | ✓ | _____ | _____ |

✓

EMERGENCY RESPONSE PLAN SUGGESTIONS

1. Verify emergency numbers as needed, but at least each six months.
2. Conduct drills and review Emergency Response Plan with branch personnel at least twice a year. - *Document*
3. Discuss basics of the plan with new employees as they are hired. - *Document*
4. When inspections are made by insurance carriers, governmental agencies, fire departments, etc., show them your plan and explain the procedures.
5. Any changes (phone numbers, hazardous material additions, structural changes, etc.) send the information to the region so changes can be made in regional copies.
6. Designate one specific location within the office to keep the Emergency Response Plan and make certain all employees know where it is.
7. Keep thinking of new ideas and procedures we might implement and remember the priorities:
 - A. Protection of life and limb
 - B. Protection of the environment
 - C. Protection of facilities and equipment

Home: Phone #



FOLLOWING ARE POINTERS RE: ALL EMERGENCIES

1. Remain calm, assess hazard priority and initiate proper emergency response procedure.
2. Hope for the best, plan for the worst.
3. Our concerns should be as follows:
 - A. Protection of life and limb
 - B. Protection of the environment
 - C. Protection of facilities and equipment

In most cases, immediate response on (C) above will produce the desired results for (A) and (B).

EMERGENCY RESPONSE PROCEDURE

PHOENIX

BRANCH

INDEX

| | |
|------------|--|
| Section 1 | Emergency Phone Numbers |
| Section 2 | Emergency Organization |
| Section 3A | Plant Layout - Emergency Exit Locations |
| Section 3B | Plant Layout - Fire Exit/Hoses/ Plugs Location |
| Section 3C | Plant Layout - First Aid/Safety Kits/ SCBA Locations |
| Section 3D | Plant Layout - Major Hazardous Material Storage Locations |
| Section 4 | Bomb Threat |
| Section 5 | Chemical Spills On Site |
| Section 6 | Fire |
| Section 7 | Evacuation Plan |
| Section 8 | Toxic Gas Release On Site |
| Section 9 | Power Failure |
| Section 10 | Neighborhood Alert |
| Section 11 | Tornado |
| Section 12 | Truck Emergencies on Highways/ Streets |
| Section 13 | Toxic Gas Release Off Site |
| Section 14 | Supplier Emergency Phone Numbers |

EMERGENCY TELEPHONE NUMBERS

1. FIRE 931-5600
2. PARAMEDICS
(if different than Fire Dept.) SAME
3. POLICE
(City or Sheriff) 931-5500
4. POISON CONTROL CENTER 258-5111
5. AMBULANCE {264-2881
263-8563
6. HOSPITAL 848-5200
7. CLINIC
(if different from Hospital) SAME
8. HIGHWAY PATROL 262-8011
9. RAILROAD 254-1176
10. F.B.I. 279-5511
11. EMERGENCY COORDINATOR NEVILLE Home: 959-2260
GOWDY " 849-6451
ALTERNATES LEVAN " 838-1221
BANGO " 934-7128
12. REGION OFFICE DDD (213) 869-2481
DNS 222-4101
B. Westrope (Home) (213) 697-3598
B. Crumm (Home) (714) 778-1897
R. Wagner (Home) (714) 840-2527
13. If we cannot handle, first call Supplier emergency number (see Section 14), if not available, call CHEMTREC (800) 424-9300.

EMERGENCY ORGANIZATION

Emergency Coordinator - J. T. NEVILLE

1st Alternate - HAROLD GOWDY

2nd Alternate - AL LEVAN

3rd Alternate - MIKE BANGO

4th Alternate - { JULIUS JEFFREY - Home Phone - 247-3398
NON EXEMPT { BOB MITCHELL - " " - 866-1712

Emergency Teams

Fire - M. BANGO, J. JEFFREY, B. MITCHELL

Spills - M. BANGO, B. MITCHELL, J. JEFFREY

Power Failure - H. GOWDY, M. BANGO

Flood - H. GOWDY, M. BANGO, AL LEVAN

Personal Rescue
or injury - M. BANGO, B. MITCHELL, H. GOWDY

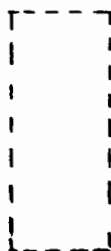
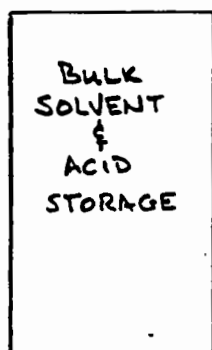
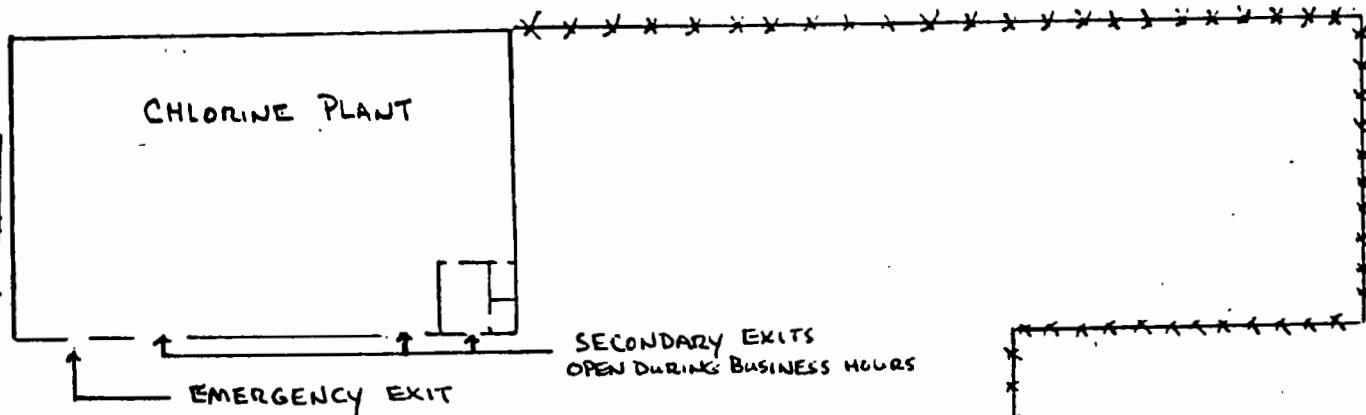
Tornado - H. GOWDY, M. BANGO, AL LEVAN, J. JEFFREY

Toxic Gas Release
On Site - H. GOWDY, M. BANGO, BOB MITCHELL

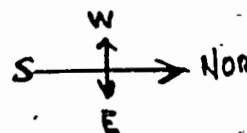
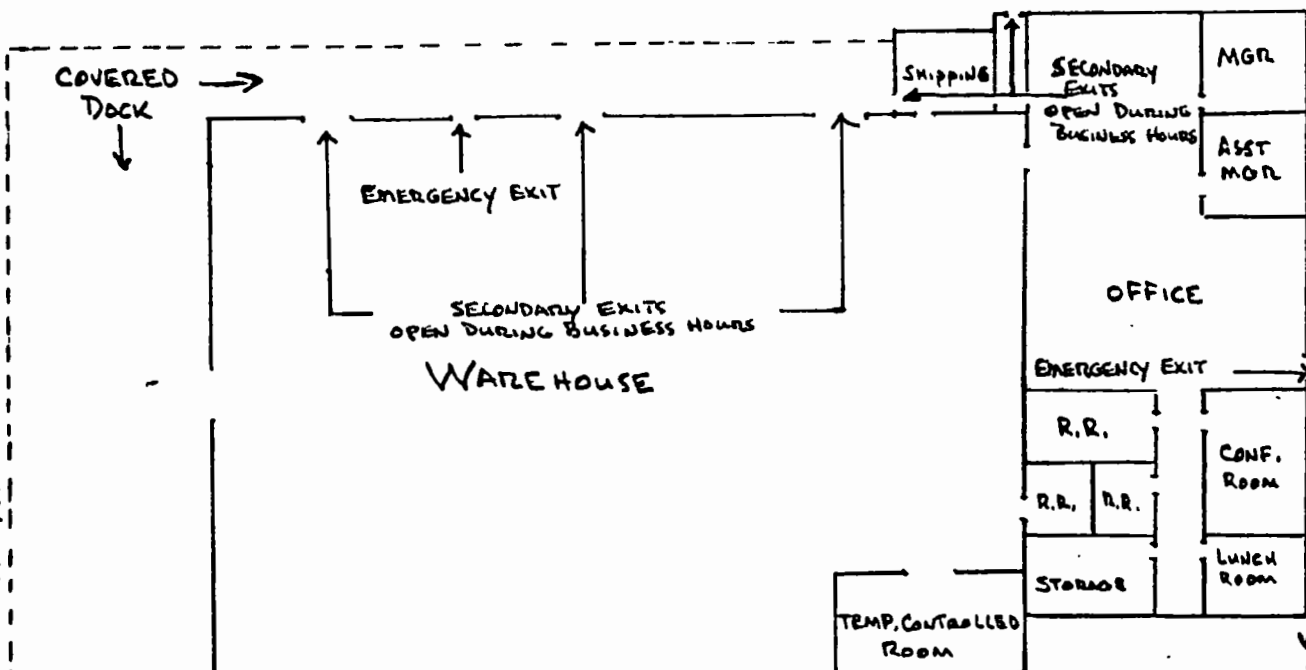
Toxic Gas Release
Off Site - H. GOWDY, M. BANGO, BOB MITCHELL

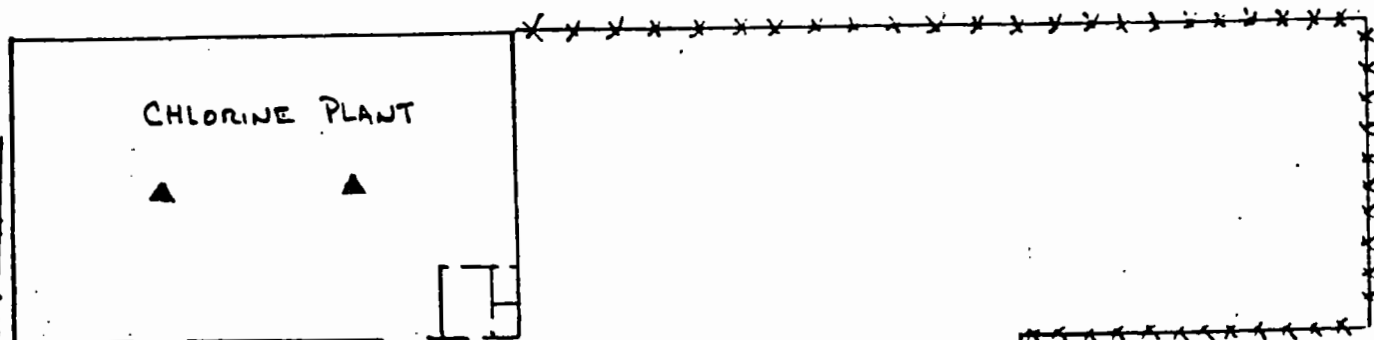
First Aid - BOB MITCHELL, M. BANGO

Bomb Threats - H. GOWDY, M. BANGO, AL LEVAN, J. JEFFREY



REPACK CANOPY



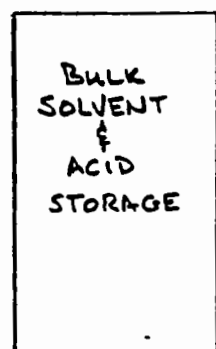


EXPLANATION OF SYMBOLS

- - FIRE PLUG
- ▲ - FIRE EXTINGUISHER
- * - FIRE HOSE

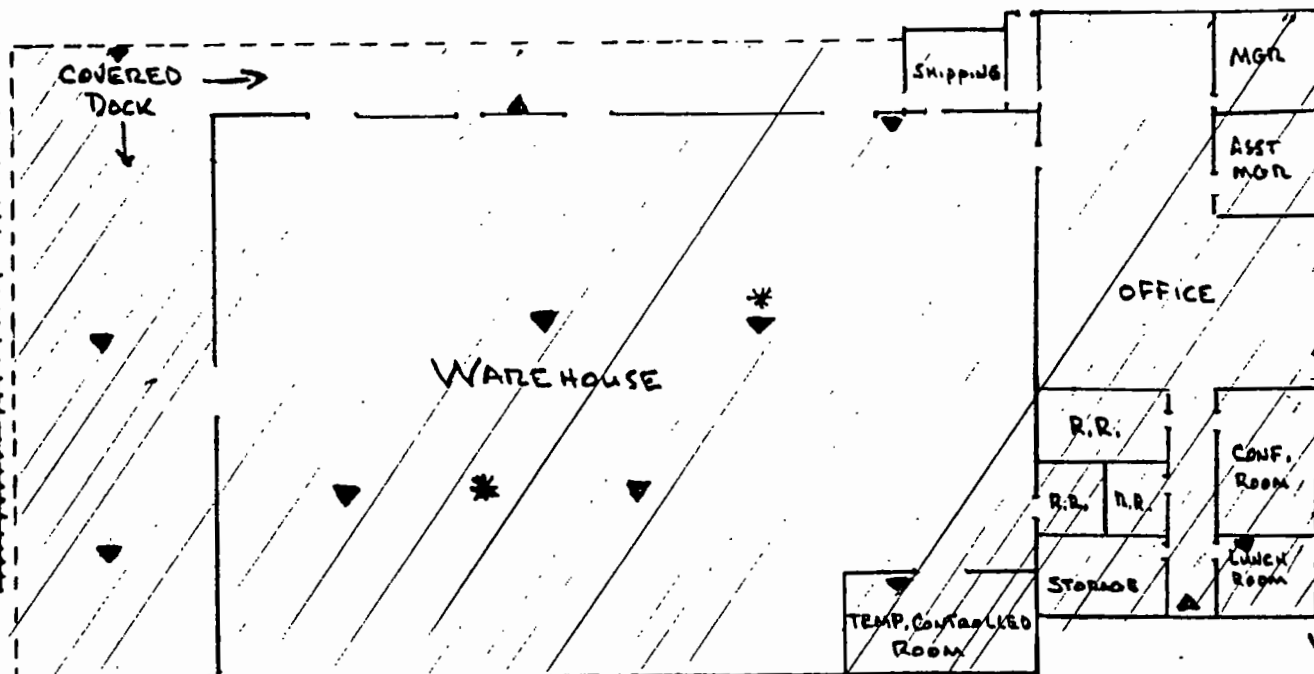
BUTANE

PARKING LOT



REPACK CANDY

"SHADED AREA PROTECTED BY SPRINKLER SYSTEM"



PASADENA AVE

CHLORINE PLANT

Ⓢ
+

EXPLANATION OF SYMBOLS

- ⚡ - SAFETY SHOWER AND EYE WASH
- +
- Ⓢ - CHLORINE CONTAINER SAFETY KIT
- S - AIR PACKS

BULK SOLVENT & ACID STORAGE

PARKING LOT

← REPACK CANDPY

COVERED DOCK

Shipping
Ⓢ

WAREHOUSE

MGR

ASST MGR

OFFICE

R.R.

R.R.

R.R.

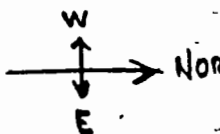
CONF. ROOM

STORAGE

LUNCH ROOM

TEMP. CONTROLLED ROOM

PASADENA AVE



CHLORINE PLANT

BUTANE

PARKING LOT

BULK SOLVENT & ACID STORAGE

BULK SAMPLES GENERAL STORAGE

REPACK CANDY

COVERED DOCK

Shipping

WAREHOUSE

OFFICE

MGR

ASST MGR

R.R.

R.R.

R.R.

CONF. ROOM

LUNCH ROOM

STORAGE

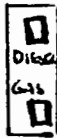
TEMP. CONTROLLED ROOM

MFG. SAMPLES GENERAL STORAGE

PASADENA AVE

W
↑
E

NORTH



B O M B T H R E A T

The Threat

The Telephone call threat. (A high percentage of bombings are preceded by telephone calls.) If you get a bomb threat phone call:

- a. If possible, secure the following information (Use check list on attached sheet.)

Date and time of call

Any background noise--music, people talking, etc.

Location of bomb and the time it is set to go off

What kind of bomb

What kind of package

Judge the voice--drugged or drinking, age, sex, etc.

Ask for caller's name and address

(you just might get it)

- b. These questions will detain the caller so a trace can be made. To trace a call, have another employee call the Security Office of the Telephone Co. on a different line. To have a call traced, dial 255-2870 / 255-6083
- c. Notify the police of the threat. Police dial 931-5500.
- d. Notify Corporate Security (415) 932-5081, Regional Office (213) 869-2481.

The Search Technique

DON'T TOUCH, HANDLE, OR MOVE ANY SUSPICIOUS OBJECT

Make a search for suspicious packages, boxes or objects. Halls and toilets head the list of places. Make the search while waiting for the police to arrive. Have each supervisor and leadman responsible for a certain area. A systematic search will eliminate valuable time loss, awaiting police arrival.

Report the findings for anything suspicious to the police. If anything suspicious is found, set up a "Danger Zone" and evacuate all personnel from this zone (minimum of 300 feet in all directions). Remove flammable materials if practical and possible.

Evacuate building.

BOMB THREAT CHECK LIST

| Date | Time | Your Name |
|------|------|-----------|
| | | |
| | | |
| | | |

| Listen for background noises | Describe: |
|------------------------------|-----------|
| Check if heard | |
| Music | _____ |
| People talking | _____ |
| Cars or Trucks | _____ |
| Airplane | _____ |
| Children or babies | _____ |
| Machine noise | _____ |
| Typing | _____ |
| Other | _____ |

ASK

- Where is the bomb? _____
- What time is it set to go off? _____
- What kind of bomb is it? _____
- What kind of package or box? _____
- What is your name? _____
- Where do you live? _____
- How old are you? _____
- When did you set the bomb _____

JUDGE THE VOICE: MAN _____ WOMAN _____ CHILD _____ AGE _____ DRINKING _____ OTHER _____

C H E M I C A L S P I L L S

In Corrosive Dike Area

1. Contain
2. Neutralize
3. Remove

In Solvent Dike Area
Non-Flammable

1. Contain
2. Large - pump out for recovery and disposal
3. Small - Absorb with absorbant clay and dispose

In Corrosive Repack Building

Flush with water into
Neutralization pits

Outside Yard Area
Corrosives

1. Build dam with lime and/
or soda ash
2. Neutralize
3. Remove

Flammable Solvents

Activate alarm
Call fire department
Turn off all power units
Do not allow product to enter sewer
Build dam with oil absorbant
Emergency team advise if plant
shall be evacuated

F I R E

| | |
|-------------------------------|---|
| Person discovering fire will: | Activate alarm |
| | Use fire extinguisher until help arrives |
| Office personnel will call: | Fire Department |
| | Emergency Coordinator or Alternate |
| | Alert Police Department |
| | Railroad (if cars on track, advise them of materials) |
| Fire Emergency team will: | Assess extent of fire and potential nature of fire |
| | Extinguish fire |
| | Shut down main power supply |
| Emergency Coordinator: | Order evacuation of plant |
| | Take head count |
| | Coordinate and cooperate with Fire Department |

The Fire Brigade (Emergency Team) should be instructed in at least the following procedures wherever they apply:

- A. The means of summoning the fire department immediately in an emergency.
- B. Directing personnel safely and quickly from the premises.
- C. Use of hand extinguishers and hose lines on small fires and mop-up operations. Localize any fires, if possible, to prevent water damage from sprinklers.
- D. Operation of sprinkler systems and water supply equipment.
- E. Use of material handling equipment while sprinklers are still operating to effect final extinguishment.
- F. Maintaining the security of the premises, closing all doors, and directing firemen to the exact location of the emergency.
- G. The supervision of sprinkler control valves to be sure they are completely open and remain so until otherwise directed by the fire department.
- H. Emergency shutdown and safeguarding of electrical, gas, steam and flammable liquid equipment.
- I. Proper salvage procedures of stock and equipment.

These procedures and duties should be posted in prominent locations in the plant. Records should be kept of drills held and changes made in the brigade operation and organization.

E V A C U A T I O N P L A N

(FIRE - FLOOD - BOMB THREAT - TOXIC GAS RELEASE)

1. Emergency Coordinator or Alternate will order the evacuation.
2. Assembly point for personnel:

NORTH WEST CORNER
OF OUR PARKING LOT

3. Forklift, truck rendezvous point:

"FORKLIFTS" - SOUTHWEST
CORNER OF OUR PARKING LOT

"TRUCKS" - NORTH SIDE
OF PASADENA AVE, 100 FEET EAST OF PLANT.

4. Trucks to be evacuated on the following priority basis:
 - a. Loaded - with hazardous materials on load
 - b. Loaded - with no hazardous material on load
 - c. Empty

Cooperate and coordinate with Fire and Police Department personnel.

T O X I C G A S R E L E A S E

1. Activate alarm
2. Emergency team - stop product release (if possible)
3. Call Fire Department, Police Department
4. Emergency Coordinator determine if evacuation required
5. If release cannot be stopped immediately, notify neighbors (see Neighborhood Alert) down wind first. Ask Fire Department and Police assistance.

P O W E R F A I L U R E

1. Check emergency lights, office and warehouse.
2. One person on watch in each area.
3. Notify Fire Department - if phones are inoperative, send someone to advise Fire Department. Location of nearest Fire Station serving our facility is:

GLENDAL FIRE DEP'T.

7505 NORTH 55TH AVE.

GLENDAL

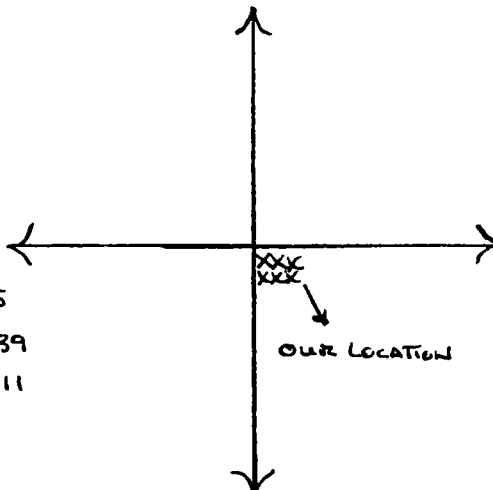
4. Post lookouts in each area to report in event of fire.
5. In the event of fire - proceed with "Fire Plan."

NEIGHBORHOOD ALERT

4. GEORGIA PACIFIC - PH # 939-1413
3. FIBREBOARD CORP. - PH # 939-9401
2. GENERAL ELECTRIC - PH # 939-3391
1. STRONG NEWS - PH # 939-6511



1. HENSLEY CORP PH # 934-3401
2. RENCO. DRUG - PH # 934-7221
3. ARNOLD'S LOUNGE - PH # 937-0795
4. FITZPATRICK CONST - PH # 939-8339
5. CALCOT LIMITED - PH # 937-4711



1. COOPER TRUCKING - PH # 937-2
NIGHT - 978-2
2. HADLEY AUTO TRANS - PH # 939-0647
3. LEGGET & PLATT - PH # 931-5336
4. U-HAUL CO. - PH # 263-6521

1. R. WEST FURNITURE - PH # 846-7757
2. KURTS TEXACO - PH # 846-7773
3. POLLARDS ARCO - PH # 846-7784
4. CROWN ZELLERBACH - PH # 939-7519

T O R N A D O

While driving in town - seek shelter immediately in a nearby building preferably a steel framed or reinforced concrete building of substantial construction--stay away from windows. Go to the lowest floors or go to basement if one is available. Do not remain in automobile or truck.

In office - stand in an interior hallway or office away from windows. Avoid flying glass.

In warehouse - post a lookout--workers should move quickly to the section of the plant offering the most protection. Leave doors and windows open. Follow Fire and Emergency Plan.

KEEP LISTENING KEEP LISTENING KEEP LISTENING
YOUR RADIO-TELEVISION STATIONS WILL BROADCAST THE LATEST
TORNADO ADVISORIES.

TRUCK EMERGENCIES ON HIGHWAYS AND STREETS

Fire

If possible to move trucks to an isolated spot without jeopardy to the driver, do so before taking further action.

- a. If fire in truck components, such as brakes, engine or electrical system, try to extinguish.
- b. If fire in cargo, an attempt to extinguish with extinguisher suggested if not out of control and where it can be reached. (Do not enter vans without assistance and protective equipment.)
- c. Combustion of products arising out of major fire of truck's contents such as (1) toxic spillage or (2) fumes or dust. In this case, among the first things to do is to note whether there are homes, offices or factories nearby and what is the direction of the prevailing wind. Is the wind dispersing fumes or combustion products toward houses, offices or factories? If so, get word to them of what is occurring; if masks are needed, that fact should be transmitted to the branch and emergency agency.
- d. Ask for help from spectators to call Fire Department and move spectators back.
- e. Set out flares or have someone assist to divert traffic. In case of heavy flammable spill or oxidizer cargo where concern for a major conflagration or explosion may occur, attempt to clear adjacent buildings.
- f. As with spills below, if unable to contain, alert spectators and Fire Department.

TRUCK EMERGENCIES (CONT'D)

Spills

- a. Contain or dike with an inert material if possible
- b. Ask for help from spectators or anyone assisting him to call Fire Department.
- c. Move spectators back away from area. Divert foot and auto traffic.
- d. If liquid is flammable, turn off ignition and divert traffic.
- e. No smoking. Be alert for other ignition sources.
- f. If liquid is toxic or corrosive, advise spectators and Fire Department.
- g. Expand all effort in protecting people.
- h. Ask for help to evacuate business and homes if necessary.
- i. Call Fire Department, Emergency Coordinator.

BE CALM - ASSESS PRIORITY HAZARD - KNOW YOUR PRODUCT

TOXIC GAS RELEASE - OFF SITE

ASSUMES NOTIFICATION VIA TELEPHONE

1. Emergency Response Coordinator obtain all pertinent information, i.e. name of person calling, location, extent of release, whether fire department has been notified and nature of assistance required. You should also indicate the time of day that you received the call.
2. Remain calm, offer advice over phone (refer to Chem Card Manual if unsure).
3. Activate and dispatch, as necessary, the Emergency Response Team for off site toxic gas release. Record when the team was dispatched.

The Off Site Toxic Gas Release Emergency Response Team should consist of exempt (non-hourly) personnel only. No less than two persons should be dispatched on an emergency. They are to be fully qualified (documented) in the use of chlorine safety kits and self-contained breathing apparatus.

EMERGENCY TELEPHONE NUMBERS FOR SUPPLIERS

Allied Chemical
Specialty Division
1701 East Woodfield Road
Schaumburg, IL 60172

*201-455-2000

*If this system should fail, the following is a list of Product Managers and their phone numbers.

Adipic Acid
Cyclohexanone
Cyclohexanol
Ammonium Sulfate

Joe Haddad
Hopewell Chemicals
201-455-3039

Frank Piguet
Plant Manager
804-458-7811

Cumene Hydroperoxide
Phenol

Charlie Davidson
Frankford Chemicals
201-455-2587

Maury Hunt
Plant Manager
215-533-3000

Malic Acid
MDA

Steve Parker
Moundsville Chemicals
201-455-2325

James Muthig
Plant Manager
304-845-5670

UFC-85
Ammoniacal Liquor

Paul Alix
South Point Chemical
201-455-5245

Doug Connor
Plant Manager
614-377-4321

Wally Giordano
Western Regional Sales Manager

Business: 312-884-4869
Home: 312-690-0640

Allied Chemical
Industrial Chemicals Div.
100 Pine Street
San Francisco, CA 94111

Chemtrec 800-424-9300

Allied Chemicals
Agricultural Division
La Prade Street-Westover Site
P.O. Box 131
Hopewell, VA 23860

804-458-7811

American Cyanamid Company
P.O. Box 66189
Chicago, IL 60666

201-835-3100

EMERGENCY TELEPHONE NUMBERS FOR SUPPLIERS

The Ansul Company
Marinette, WI 54143

715-735-7411

Carus Chemical Company
1375 Eighth Street
La Salle, IL 61301

*815-223-1500
*800-435-6856

*During the hours of 8:00AM to 5:00PM on a normal working day (central time).
When operator answers, let her know you are calling for emergency information
on CAIROX you will be transferred to Horst Adolf, Chief Chemist.

After normal working hours call the Foreman

815-223-1523

or

Horst Adolf (Home Tel.)
Jack Doyle (Home Tel.)

815-223-5187
815-223-5987

Chemtrach Industries, Inc.
9909 Clayton Road
St. Louis, MO 63124

Chemtrec 1- 800-424-9300

Diamond Shamrock Corporation
617 Veterans Boulevard
Suite 205
Redwood City, CA 94063

Chemtrec 800-424-9300

E. I. DuPont de Nemours
Wilmington, Delaware 19898

302-774-7500

Transportation Emergency

Chemtrec 800-424-9300

Plant Emergency

302-774-2421

Escambia Chemical Division
Air Products and Chemicals, Inc.
P.O. Box 467
Pensacola, FL 32502

*800-523-9374

Except Pennsylvania (For call originating in Pennsylvania) 800-322-9092

EMERGENCY TELEPHONE NUMBERS FOR SUPPLIERS

| | |
|--|--------------------------------|
| FMC Corporation Industrial Chemical Group 8787 Enterprise Drive Box 344 Newark, CA 94560 | 215-299-5800 |
| Georgia-Pacific Corporation 100 N. Citrus Avenue, Suite 445 West Covina, CA 91791 | Chemtrec 800-424-9300 |
| The Harshaw Chemical Company Division of Kewanee Oil Company 10016 Pioneer Boulevard, Suite 212 Sant Fe Springs, CA 90670 | Chemtrec 800-424-9300 |
| IMC Chemical Group, Inc. 2000 Prudential Tower Boston, MA 02199 | Chemtrec 800-424-9300 |
| Kerr-McGee Chemical Corporation Kerr-McGee Center Oklahoma City, OK 73125 | 405-270-1313 |
| Monsanto Industrial Chemicals Company 800 N. Londbergh Boulevard St. Louis, MO 63166 | <u>NATIONWIDE</u> 314-694-1000 |
| Noury Chemical Corporation 2153 Lockport-Olcott Road Burt, NY 14028 | 716-778-8554 |
| Olin Chemicals Group 120 Long Ridge Road Stamford, CT 06904 | 203-356-2345 |
| PPG Industries, Inc. 1860 El Camino Real, Suite 305 Burlingame, CA 94010 | <u>NATIONWIDE</u> 412-434-3131 |
| <u>Transportation Emergency</u> | Chemtrec 800-424-9300 |

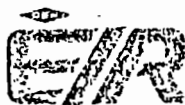
EMERGENCY TELEPHONE NUMBERS FOR SUPPLIERS

Rohm and Haas Company 215-592-3000
Independence Mall West
Philadelphia, PA 19105

Union Carbide Corporation 304-744-3487
Chemicals and Plastics
100 Oceangate
Long Beach, CA 90802

Union Oil Company of California 714-529-6671
Union Oil Center, Box 60455
Los Angeles, CA 90060

Vulcan Materials Company 316-524-5751
P. O. Box 7689
Birmingham, AL 35223



DOW CHEMICAL
DISTRIBUTION EMERGENCY
RESPONSE SYSTEM

PHONE NUMBERS

| | |
|------------|----------------------|
| LOUISIANA | 504-687-4321 EX. 500 |
| MIDLAND | 517-636-4400 |
| TEXAS | 713-238-2112 |
| WESTERN | 415-432-7311 |
| DOW-CANADA | 519-339-3711 |

FOR NON-DOW PRODUCTS USE

| | |
|----------|--------------|
| CHEMTREC | 800-424-9300 |
|----------|--------------|

SHELL CHEMICAL (713) 473-9461

EMERGENCY PHONE NUMBERS
FOR POWER OUTAGE OR TROUBLE

ELECTRIC

SALT RIVER PROJECT - 273-8811

NATURAL GAS

ARIZONA PUBLIC SERVICE - 258-8711
271-7171

WATER

CITY OF GLENDALE - 931-5686

931-5563 AFTER 5:00

CHLORINE EMERGENCY PROCEDURES

By

B.F. Bouldin

1. INTRODUCTION

The purpose for this review is to learn how to deal with emergencies that may occur in the routine handling of chlorine gas. We will begin by observing the properties of this gas and their potential hazard when there is exposure of people in the area of a chlorine leak. Suggestions will be made as to the proper sequence of steps to take when dealing with an emergency. Further, suggestions will also be made for alternate procedures in the event proper equipment is not on hand. However, it must be stressed that there is no substitute for trained people, properly equiped, and a plan of emergency procedure. It must be remembered at all times that chlorine is a multi-purpose friend of man, but also is a hazardous gas that must be treated with respect.

2. PROPERTIES AND HAZARDS OF CHLORINE

PROPERTIES The properties of chlorine important to us here are:

- (a) A greenish yellow lethal gas.
- (b) It is 2 1/2 times heavier than air.
- (c) Only slightly soluble in water, less than 1/2 of 1%.
- (d) While it is non-flammable it will support combustion.
- (e) It is non-explosive.
- (f) Chlorine is non-conductive electrically.
- (g) It is corrosive in the presence of moisture.
- (h) The gas has a pungent and irritating odor.
- (i) The container pressure varies with temperature.

HEALTH HAZARDS FROM EXPOSURE

- (a) The respiratory system is vulnerable.
- (b) Inhaling excessive amounts can be fatal.
- (c) Eyes and skin are easily irritated.
- (d) The gas hazard is not cumulative. It is detectable at 3ppm, and exposure can be minimized by simple detection.
- (e) Damage is not permanent if exposure is moderate.

Knowledge of the properties and hazards of this gas can lead to a much more professional approach when dealing with emergencies. As an example, it is obvious the chlorine room should be vented near the floor since the gas is 2 1/2 times heavier than air and will fall. Since chlorine is only slightly soluble in water, you wouldn't throw a leaking cylinder into water hoping the gas would be absorbed. From a health hazard standpoint, you would certainly protect the lungs from heavy concentrations since the respiratory system is highly vulnerable. These are important facts for any training program.

3. RULES FOR SAFE HANDLING

As with any product requiring safe handling procedures, there are certain "Do's" and "Don'ts" and chlorine is no exception. Careful attention should be given to the following list.

THINGS TO DO:

- (a) Do use the proper chlorine wrench on the valve stem.
- (b) Always use new gaskets when making connections.
- (c) Do-ventilate the chlorine room (near the floor).
- (e) Do learn emergency procedures.
- (f) Always open a cylinder or ton container valve one full turn.
It is not good practice to control flow here.
- (g) Roll a leaking cylinder or ton container so that the leak is up and emits gas not liquid.
- (h) Always check a new connection with ammonia for leaks.
- (i) Own and learn to use Chlorine Institute Emergency Kit A, Kit B, and Kit C.
- (j) Set up an emergency procedure plan and training program.

THINGS NOT TO DO

- (a) Do not heat cylinders or ton containers.
- (b) Never put water on leaks.
- (c) Do not try to air pad ton containers.
- (d) Do not immerse cylinders in water.
- (e) Do not store your chlorine mask or safety equipment in the chlorine room.
- (f) Do not use rubber hose for chlorine lines.
- (g) Never use pipe wrenches on chlorine valve stems.
- (h) Avoid changing chlorine tanks when alone.
- (i) Do not run chlorine lines through hot then cold temperature zones as condensation may occur.

Many of the problems that arise with chlorine handling could be avoided by adhering to the principles laid down in these two lists.

4. PREPARATION FOR EMERGENCIES

The time to prepare for any emergency is always well before it happens. This section deals with suggestions for accomplishing this very purpose:

- (a) Write out an emergency plan and give to your people.
- (b) Start your plan with the assignment of specific individual responsibilities.
- (c) Designate some one to be responsible for checking and keeping up mask and safety equipment. Check dates on cannisters.
- (d) Make a list of phone numbers that will be available to plant people as to who they should contact in the event of an emergency in the night or off-hours.
- (e) A training program should be implemented as quickly as possible to instruct your people in their assigned responsibilities on how to deal safely with a chlorine leak. People wearing the right mask have been seriously hurt because they were ill trained in how to wear it properly and insure an air-tight fit.
- (f) Emergency kits should be owned and individuals trained in how to apply them. We recommend every repackaging plant have an Emergency Kit C for tank cars.
- (g) All equipment should be kept up to date and stored in a convenient place adjacent to, but not in the room of chlorine usage. Locking up the emergency equipment might protect it from theft, but it could also be disastrous in the event the equipment is inaccessible at the time of an emergency. Emergency equipment can and has been locked up at the time an emergency occurred.

- (h) First aid training is a must. A life may be saved by this knowledge. Continual training in this and other emergency procedures is necessary because personnel change jobs or are moved to other capacities in the company.

5. RESPIRATORS

Attacking any chlorine emergency situation begins with selecting the proper gas mask and wearing it correctly. There are several types of masks available and many chlorine users and repackers own several kinds. Each mask has its own advantages and limitations. The cost of each varies, and this may dictate, in many instances, why a company owns the type it does. On the other hand, safety must never be sacrificed for economy. Your local Fire Department should be equipped with excellent mask equipment and their phone number should be readily available.

If several types of masks are available, an attempt may be made to make a judgement selection at the time of an emergency as to which mask to use. We recommend you always use the compressed air mask if one is owned. The canister type is best suited to an outdoors situation when atmospheric dilution lessens the chlorine concentration.

Operating personnel should attach to their clothing an escape respirator to leave the plant area in case of a sudden chlorine release.

TYPES

- (a) Self-contained breathing apparatus for use above 1% chlorine concentrations such as:
 - (1) Compressed air cylinder type, such as Scott, MSA, Survivair
 - (2) Oxygen cylinder type, such as MSA
 - (3) Oxygen generating type, such as MSA Chemox
- (b) Canister Type gas masks for use below 1% chlorine.
- (c) All respirators should be Bureau of Mines approved.

LIMITATIONS

- (a) Self-contained: Time Limit
 - (1) Scott 1/2 Hr.--Survivair also has a larger 50 minute apparatus
 - (2) MSA 1/2 Hr.
 - (3) Chemox 3/4 Hr.
- (b) Canister: 1% Maximum Chlorine concentration 15 Min. to 1 hour exposure

STORAGE AND CARE

- (a) Never store in chlorine room or use area.
- (b) Discard canister after tape is removed from bottom regardless of use. It loses chlorine absorptive capacity.
- (c) Acquaint all personnel with mask locations and how to use.
- (d) Store in cool, dry place.
- (e) Inspect periodically for hose deterioration.
- (f) Always check for air-tight fit around face piece when in use.

FIRE DEPARTMENT BACK UP

- (a) Include the Fire Department in your emergency plans. They are usually prepared with self-contained breathing apparatus.
- (b) Ask if they are knowledgeable about chlorine emergencies and acquaint them with your usage.

6. EMERGENCY PROCEDURES

GENERAL

Each emergency may vary in its circumstances, but the same principles will apply in your approach to the problem. Injury to people is always the element of greatest concern and therefore our list of things to do begins with the evacuation of people in the immediate area. If the gas leakage is of large proportions, people may have to be moved from nearby premises. This list is suggested as a general guide as individual circumstances may dictate deviation. However, in general these are believed to be the basic steps that should be followed in handling a routine chlorine leak:

- (a) Evacuate personnel from the area.
- (b) Render first aid.
- (c) Put on an approved gas mask and check for fit.
- (d) Locate leak with ammonia soaked rag.
- (e) Shut off valve at chlorine sources.
- (f) Position container to emit gas and not liquid.
- (g) Tighten thread fittings if this is source of leak.
- (h) Apply proper emergency kit device if available.
- (i) Disconnect container and remove from service.
- (j) If help is needed, call the supplier.

EMERGENCY KITS

Chlorine Institute Emergency Kits, A, B, and C, cover most of the problems that will arise with leaking chlorine containers. The Emergency Kit A will seal various leaks on cylinders. The B Kit; will serve well in capping off leaks that might occur in ton containers. The C Kit is specifically designed for tank cars and tank trucks.

OTHER MEASURES

Alternate measures may be tried in the event proper equipment is not available. These are less desirable but may be practiced as an emergency measure.

Leaks occurring in cylinder valves may be slowed considerably by jamming a sack of lime onto the cylinder valve. Lime will absorb chlorine, but only to its saturation point. This will not stop the leak but will buy valuable time for removing the cylinder to a safer area for reaching your safety equipment.

Cylinders and ton containers may be put in dry ice and covered with plastic sheet to drop the temperature and reduce cylinder pressure to a point where the leak may stop. A lime slurry with water may also be used to bleed the leaking cylinder into and thus absorb its chlorine capacity. Approximately

188# of lime is required to empty a 150# cylinder and 2500# of lime to absorb a ton container. Soda Ash may be used and require 450# to absorb a 150# cylinder or 6000# to absorb a ton container. If Caustic Soda is available, 188# will absorb 150# cylinder and 2500# will absorb a 2000# container. It is hoped that these additional measures may provide yet another safety valve for dealing with escaping gas, but emergency kits are by far the safest means.

Naturally emergencies are something we would like to avoid. However, they do occur and we trust you will be prepared. Report all emergencies you have to the Chlorine Institute.

7. FIRST AID

The Institute's Environmental Health Committee has developed the following first aid data sheet. Modern methods of artificial respiration should be mastered. The mouth-to-mouth method is preferred and will not affect the person giving respiration. Again training must be stressed as the key to the proper knowledge of rendering first aid.

FIRST AID DATA SHEET FOR CHLORINE EXPOSURE

1. GENERAL

- Be cautious - do not become a casualty yourself
- Prompt treatment is essential
- Immediately remove exposed person to an uncontaminated area
- Never give anything by mouth to an unconscious patient
- Call a physician

2. CHLORINE GAS INHALATION

If Breathing Has Ceased

- Commence artificial respiration immediately
- If available administer oxygen

If Breathing Has Not Ceased

- Place patient in a comfortable position
- Administer oxygen if available
- Keep patient warm and at rest in a comfortable position
- Render any other necessary first aid

3. LIQUID CHLORINE EYE CONTACT

- Flush eye immediately with copious amounts of running water - 15 minutes
- Forcibly hold eyelids apart to ensure complete irrigation of all eye and lid tissues
- Never attempt chemical neutralization

4. LIQUID CHLORINE SKIN CONTACT

- Emergency shower removing clothes in shower

LIQUID CHLORINE SKIN CONTACT

- Wash well with copious amounts of soap and water
- Apply no greases unless ordered by a physician

8. CONCLUSION

Chlorine emergency planning may be summarized as follows:

- (a) Learn the properties and hazards of chlorine gas
- (b) Know the rules for safe-handling chlorine
- (c) Prepare for emergencies by training and planning
- (d) Understand the gas mask and its limitations
- (e) Master the emergency procedure and emergency kits
- (f) Have alternate measures as a back up
- (g) Be prepared for first aid and rescue operations

Chlorine is a work horse for mankind. However, nearly every element has a side to its character that must be controlled with knowledge and respect. Chlorine is certainly no exception. It is no respecter of persons. Preparations must be made for handling emergencies.